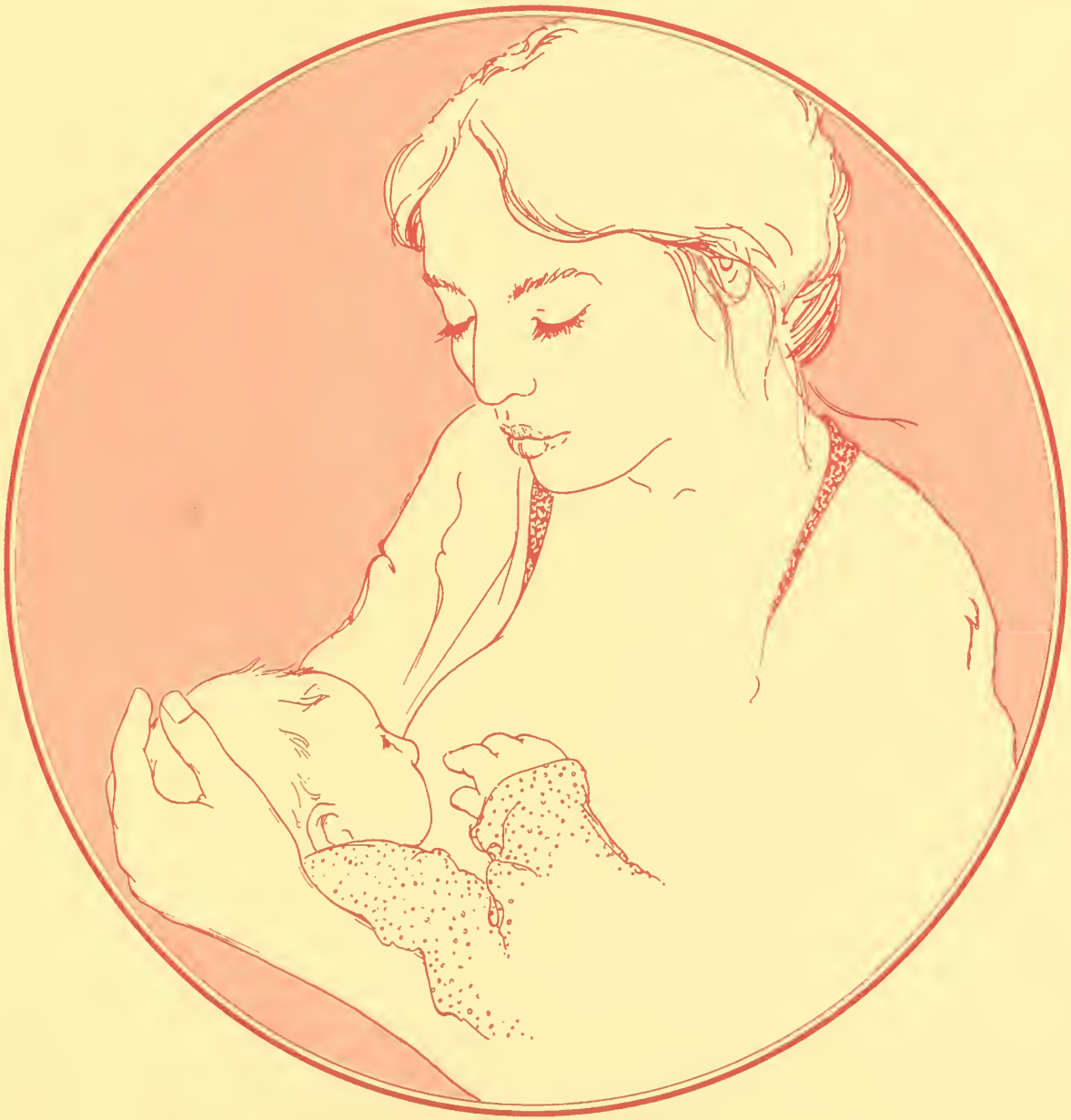
WIC Breastfeeding Promotion Study and Demonstration

Phase IV Report • Volume I



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EXECUTIVE SUMMARY

This is volume I of a two-volume report presenting the results of the final phase, phase IV, of the WIC Breastfeeding Promotion Study and Demonstration. This project was conducted by Development Associates, Inc., for the Special Supplemental Food Program for Women, Infants, and Children (WIC), administered by the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture (USDA). The overall goal of the project was to assist State and local agencies in their efforts to increase breastfeeding incidence and duration among WIC women.

During phases I-III of the study, a mail survey and site visits were used to collect and analyze information on breastfeeding promotion approaches. Phase IV involved a demonstration during which selected approaches were implemented at seven WIC local agencies. These approaches included three major components:

- a special group, such as a task force or committee, coordinating breastfeeding promotion and support activities for WIC participants
- a prenatal component addressing participants' concerns and lack of knowledge about breastfeeding and incorporating positive peer influence
- an in-hospital/postpartum component providing support after birth

The demonstration was conducted over 15 months, starting with a 3-month baseline data collection period, and followed by a 12-month intervention period during which new breastfeeding promotion activities were implemented and outcome data were collected.

The results of the demonstration showed that mothers in the intervention sample were more likely to attempt breastfeeding and more likely to be breastfeeding at hospital discharge than mothers in the baseline sample. At 6 weeks, mothers in the intervention sample at four of the seven sites were more likely to be breastfeeding compared to mothers in the baseline sample, while at 3 months, mothers in the intervention sample at five of the seven sites were more likely to be breastfeeding than mothers in the baseline sample.

In addition to changes in breastfeeding rates among WIC participants, several changes in process were achieved. In general, the sites stated that various components of the

demonstration will be incorporated into the regular WIC program. For example, four sites will incorporate breastfeeding classes developed during the demonstration into the nutrition education component; two sites will continue employment of a full-time breastfeeding coordinator; and two sites will continue to use peer counselors in group classes and for small group and individual counseling.

Infant feeding policies and procedures were also changed as a result of the demonstration. For example, hospital policies on formula supplementation, inclusion of formula in discharge packets, and provision of prescriptions for birth control pills have been changed at several sites. Communication between the WIC staff and hospital staff has improved, and knowledge of the advantages of breastfeeding and breastfeeding techniques and problemsolving have increased among WIC staff, hospital staff, and WIC participants.

Based on the demonstration, seven key elements of an effective breastfeeding promotion and support program have been identified. General principles are presented for each of the seven elements which eventually should be in place in order to have a truly effective program.

1. <u>A Well-defined Plan For Promoting and Supporting Breastfeeding</u>

   - The plan should clearly define goals, strategies, and timetables.
   - The plan should be optimistic yet reasonable given available resources.
   - The plan should recognize that all programs take time to develop and tend to change over time.
   - The plan should include mechanisms for program evaluation and program revision.

2. <u>A Staffing Plan For the Breastfeeding Program</u>

   - A breastfeeding promotion program requires leadership and management from a responsible staff member who is on site.
   - Peer counselors can be a very useful resource if they are properly trained and managed.
   - A breastfeeding specialist (lactation consultant, breastfeeding educator) is very desirable, but a well-trained staff member can be a substitute.

- All staff members should be familiar with program policies and goals regarding breastfeeding, receive ongoing training concerning breastfeeding, and be expected to promote and support breastfeeding.

3. An Interagency Committee To Coordinate WIC Breastfeeding Activities With Those of Other Agencies

   - A breastfeeding coordinating committee including members from various community agencies can serve as a resource and stimulus for breastfeeding promotion and support efforts.

   - The committee should have five to nine core members.

   - The committee should include representatives from local hospital(s), and a mix of decisionmakers and implementers.

   - A committee works best if it sets its own specific and achievable goals.

4. A Prenatal Education and Information Component To Address Issues and Concerns of WIC Women

   - A variety of prenatal approaches should be planned because people learn in different ways and are influenced by different promotion strategies.

   - There should be a logical sequence to prenatal activities based on the week of gestation.

   - Breastfeeding promotion messages need to be simple, clear, specific, and consistent.

5. An In-hospital Component To Promote Breastfeeding and To Provide Support

   - Although determining when WIC women deliver their babies is likely to be a difficult task, it is important to make very early contacts after delivery.

   - It is important to know hospital policies in order to try to change those which are unsupportive of breastfeeding, or to prepare women for what to expect while in the hospital.

- Most new breastfeeding women will have questions about breastfeeding in the days immediately following delivery, so counseling and support should be easily available.

6. A Postpartum Breastfeeding Support Component To Help Women Overcome Problems and to Reinforce the Breastfeeding Choice

   - Early postpartum contact can be made through a variety of mechanisms (inperson visits, telephone, mail), and a flexible strategy should be adopted.

   - The needs of breastfeeding women will vary, so individual counseling should be part of the postpartum strategy.

   - Group support through classes can provide motivation for continuing breastfeeding.

7. A Set of Procedures at the WIC Clinic To Implement the Breastfeeding Program

   - A breastfeeding promotion program requires a clear operational plan, detailing who does what and when.

   - All breastfeeding promotion programs should include regular monitoring and feedback by staff and participants.

   - Sites should document the effectiveness of their breastfeeding promotion programs.

   - A breastfeeding promotion program requires a continuing staff training component, especially for new staff.

I. INTRODUCTION

A. Overview

This is volume I of a two-volume report presenting the results of the final phase of the Breastfeeding Promotion Study and Demonstration. The project was conducted by Development Associates, Inc., for the Special Supplemental Food Program for Women, Infants, and Children (WIC), administered by the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture (USDA). The overall goal of the project was to assist State and local agencies in their efforts to increase breastfeeding incidence and duration among WIC women.

The project was divided into four phases. During phases I-III, carried out between October 1986 and April 1988, Development Associates used a mail survey and site visits to collect and analyze information on breastfeeding promotion approaches in WIC local agencies. The products of these phases included an FNS publication entitled Promoting Breastfeeding in WIC: A Compendium of Practical Approaches.

Phase IV was a demonstration phase during which selected breastfeeding promotion approaches were used in seven WIC local agencies. The demonstration was conducted over 15 months, starting with a 3-month baseline data collection period. This was followed by a 12-month intervention period during which new breastfeeding promotion activities were implemented and outcome data were collected. The demonstration is described in greater detail below.

B. Demonstration Methodology

Phase IV of the Breastfeeding Promotion Study and Demonstration was designed to:

- Document the process and effectiveness of breastfeeding promotion approaches implemented by seven local WIC agencies.
- Identify implementation barriers and ways sites attempted to overcome those barriers.

The approaches used by local agencies involved three components:

- a special group, such as a task force or committee, coordinating breastfeeding promotion and support activities for WIC participants

- a prenatal component addressing participants' concerns and lack of knowledge about breastfeeding and incorporating positive peer influence

- an in-hospital/postpartum component providing support after birth

Within these guidelines, each agency proposed its own breastfeeding promotion approaches.

The seven demonstration sites were:

- The Palm Beach County Public Health Unit, West Palm Beach, Florida

- Public Health District V/Burley WIC, Burley, Idaho

- Valley Opportunity Council/Holyoke WIC, Holyoke, Massachusetts

- Columbia/Boone County Department of Health, Columbia, Missouri

- Cherokee Nation Hastings WIC Project, Tahlequah, Oklahoma

- Family Health Council, Inc./Butler County WIC, Butler, Pennsylvania

- La Crosse County Health Department, La Crosse, Wisconsin

A formal grant application process was used to select the seven sites for the demonstration. Each WIC State agency was asked to nominate a local agency and 35 applications were received. Reading and scoring of the applications were accomplished by two teams, each consisting of one nutritionist and one evaluation specialist. Scoring was based on proposed objectives, breastfeeding promotion and support activities, staffing, budget, willingness to collect baseline and intervention period outcome data, and number of new prenatal WIC participants. Only sites with at least 25 new prenatal participants per month were selected so that changes in breastfeeding incidence and duration could be assessed. Each of the seven selected sites was awarded a $12,000 grant to cover staff and other direct costs of the demonstration.

Four measures of breastfeeding incidence and duration were used to assess the impact of the demonstration: (1) percentage of infants breastfed at least once; (2) percentage of infants breastfed at hospital discharge; (3) percentage of infants breastfed at 6 weeks postpartum; and (4) percentage of infants breastfed at 3 months postpartum. These measures were collected for a baseline sample and an intervention sample. The baseline sample consisted of infants of WIC participants who reached 3 months of age during the baseline period (October through December 1988). The intervention sample consisted of all women enrolled in WIC during the first 4 months (January through April 1989) of the intervention period (January through December 1989).

Data were collected throughout the demonstration. A site visit was made to each local agency during the baseline period. Sites also submitted three reports: a baseline report, a 6-month interim report, and a final report. In addition, telephone logs were kept of contacts made between Development Associates staff and site staff to answer questions and check on progress. Finally, a 2-day workshop was held March 12 and 13, 1990, and was attended by one or two representatives from each demonstration site.

Two aspects of the demonstration effort should be understood in interpreting the information presented in this report. First, intervention activities differed among sites since local agencies were encouraged to develop their own breastfeeding promotion approaches within the three required components. Thus, differences in effectiveness and outcome measures among local agencies may be due either to differences in specific intervention activities or to differences in site and participant characteristics. Second, the demonstration was designed to minimize data collection and reporting burden on local agencies. Thus, it was not possible to collect completely standardized and consistent data across sites. The workshop for demonstration site representatives, held in March, was designed to offset this particular limitation by allowing for the collection of more detailed information on activities implemented by sites, the approaches which seemed to work best, and lessons learned from the demonstration effort.

C. Site Summary Information

Exhibit I-1 presents selected characteristics for the seven sites that participated in the demonstration. These characteristics are summarized below.

Type of local agency: Four were health departments,

EXHIBIT I-1

Selected Site Characteristics

Characteristic	FL	ID	MA	MO	OK	PA	WI
1. Local Agency Type	Health department	Health department	Private, non-profit	Health department	State WIC Agency	Private non-profit	Health department
2. Service Site	Riviera Beach	Burley	Holyoke	Columbia	Tahlequah	Butler	La Crosse
3. Area Served by Site	Suburban/some urban	Rural agricultural	Small city	Large town plus rural	Small town plus rural	Small town plus rural	Small city
4. Caseload:							
April 1988	1,371	1,070	2,450	1,239	1,068	2,451	1,320
April 1989	1,852	941	2,500	1,485	1,298	2,564	1,817
5. WIC Priorities Served (1989)	I-VI	I-VI	I-V	I-V	I-VI	I-VI	I-V
6. Major Ethnic/Racial Groups Served	Black-75%; White, not Hispanic-14%	White, not Hispanic-60%, Hispanic-39%	Hispanic-73%, White, not Hispanic-23%	White-63%; Black-19%; Asian-9%	Native American-98%	White-98%	White, not Hispanic-63%; Asian-36%
7. Food Distribution System Used	Retail purchase	Retail purchase	Retail purchase	Retail purchase	Retail purchase	Retail purchase	Retail purchase
8. Frequency of Voucher Issuance	Bimonthly	Monthly	Monthly	Monthly	Bimonthly	Bimonthly	Bimonthly

two were private, nonprofit agencies, and one was anIndian State WIC agency.

Area served by demonstration site: One site served an area that was primarily suburban but included some urban, two sites each served a small city, three sites each served a town plus surrounding rural area, and one site served a rural agricultural area.

Caseload: As noted in the grant applications, site caseload sizes for April 1988 ranged from 1,068 to 2,451. In April 1989, caseload sizes varied between 941 and 2,564.

WIC priorities served: Four sites served all the WIC priorities while three sites served priorities I-V.

Major ethnic/racial groups served: One site was predominantly Black, one predominantly Hispanic, one predominantly Native American, while four sites were predominantly White. All but two sites had at least one additional ethnic/racial group comprising 10 percent or more of the population served.

Food distribution system used: All sites used retail purchase.

Frequency of voucher issuance: Three sites issued vouchers monthly while four issued vouchers bimonthly.

D. How To Use This Report

Following this introductory chapter, chapter II presents recommendations for effective approaches to breastfeeding promotion and support based on the demonstration experiences of the seven sites. Chapter II offers guidance to WIC State and local agencies that are interested in improving and expanding their breastfeeding promotion and support activities.

Chapter III presents a summary description of demonstration activities and includes a chart of activities implemented by the seven sites. The most effective activities by component are then discussed. Outcome data are presented along with lessons learned.

Chapter IV contains detailed case studies of the seven sites. Each case study begins with a presentation of site characteristics and includes a table of breastfeeding incidence and duration outcomes and a table which summarizes the effectiveness of breastfeeding promotion and support activities undertaken at the site.

An appendix to this volume summarizes materials used by the sites in their prenatal and postpartum components as well as other breastfeeding references. In a separate document, volume II contains three additional appendixes conveying an overview of the WIC program; a full description of the demonstration methodology; and the data collection instruments used in the study.

Which parts of this report will be useful and of interest will depend on your purpose. A quick overview is available in the Executive Summary. Chapter II provides "how to" guidance to help State and local agencies improve their breastfeeding promotion and support activities. To obtain a greater understanding of site experiences and outcomes, chapter III presents such information about the seven sites as a group. In chapter IV, the reader can look selectively at specific case studies of demonstration sites to obtain the greatest detail about the nature of breastfeeding efforts at each site.

II. EFFECTIVE APPROACHES TO BREASTFEEDING PROMOTION

A. Introduction

The Food and Nutrition Service in USDA has undertaken a variety of initiatives to promote breastfeeding in the WIC program over recent years. This report represents one product of such efforts. Continued emphasis on breastfeeding promotion and support is reflected in the publication of regulations in mid-1990 to implement new legislative mandates of Public Law 101-147, enacted in November 1989. This chapter presents practical guidance and considerations to promote and support breastfeeding at WIC State and local agencies. The recommendations that follow are based on the experience and lessons learned from the seven demonstration sites.

Based on the demonstration, seven key elements of an effective breastfeeding promotion and support program have been identified. Although a breastfeeding promotion program initially may not need to have all seven elements, all should be in place eventually in order to have a truly effective program. These elements are:

- a well-defined plan for promoting and supporting breastfeeding
- a staffing plan for the breastfeeding program
- an interagency committee to coordinate WIC breastfeeding activities with those of other agencies
- a prenatal education and information component to address issues and concerns of WIC women
- an in-hospital component to promote breastfeeding and to provide support
- a postpartum breastfeeding support component to help women overcome problems and to reinforce the breastfeeding choice
- a set of procedures at the WIC clinic to implement the breastfeeding program

The remainder of this chapter is structured around these seven elements. Under each element, a set of general principles is presented, and key implementation steps are defined. Specific ideas and recommendations are then

presented in detail.

B. Planning: "How do you develop a well-defined plan for breastfeeding promotion and support?"

General Principles

* The plan should clearly define goals, strategies, and timetables.
* The plan should be optimistic yet reasonable given available resources.
* The plan should recognize that all programs take time to develop and tend to change over time.
* The plan should include mechanisms for program evaluation and program revision.

Key Implementation Steps

* Learn about other programs and resources in your community.
* Think about the characteristics and needs of your participants.
* Identify resources and constraints in your agency.
* List possible program options to meet your goals.
* Evaluate advantages and disadvantages of various options.
* Develop management, staffing, and training plans to implement activities.

Planning is essential to the design and implementation of a breastfeeding promotion and support effort. The process of planning helps the program developers clarify their thinking, consider the reasonableness of their assumptions, and make decisions about what activities should be undertaken and how they can be integrated.
The nature of the effort to be designed is constrained by

availability of resources--personnel, time, equipment, supplies, money, etc. However, not all resources need to be provided or paid for by the WIC program. Learn about other programs and resources in your community. Decide whether some potential activities should not be undertaken in the WIC program because they are available elsewhere. Weigh this consideration against other things the WIC program may do with the resources not used for activities provided by others. At a minimum, plan to coordinate overlapping and complementary activities with other groups serving WIC prenatal and postpartum women. In addition, try to obtain donations of services and products from individuals, church groups, foundations, and companies. Also, consider using volunteers to increase services.

The resources that are identified as potentially available for an effort to promote and support breastfeeding should be used efficiently. To do so, goals and objectives for the proposed effort should be developed. Goals and objectives should be:

S = Specific
M = Measurable
A = Achievable
R = Realistic
T = Time-bound

The goals and objectives provide the focus for the effort. Potential activities should be considered to the extent that they can contribute to attaining the goals and objectives using available resources. Some of the questions that program planners should answer are:

- What ongoing breastfeeding promotion and support activities should be continued in their present form?
- What activities should be revised and how?
- What new activities should be introduced?
- What special activities could be implemented to reach a particular participant group?

Where possible, alternatives for addressing the goals and objectives should be developed.

As part of the process of deciding what activities should be undertaken, it is necessary to identify who will do which activities, when will they be done, how will they be done, and how will they be coordinated. To direct the development of activities and the systems to support these activities,

and to implement those activities, a management scheme needs to be devised. That plan should include a timetable for developing and revising activities, training staff, devising a supervisory system that combines people and records review, and planning a program evaluation strategy to assess progress.

C. Staffing: What are the requirements for a staffing plan for a breastfeeding promotion and support program?

General Principles

* A breastfeeding promotion program requires leadership and management from a responsible onsite staff member.
* Peer counselors can be a very useful resource if they are properly trained and managed.
* A breastfeeding specialist (lactation consultant, breastfeeding educator) is very desirable, but a well-trained staff member can be a substitute.
* All staff members should be familiar with program policies and goals regarding breastfeeding, receive ongoing training concerning breastfeeding, and be expected to promote and support breastfeeding.

Key Implementation Steps

* Determine who is the most appropriate person to manage the program at each site location.
* Make a list of program activities, and the time required for each activity.
* Make staff assignments for specific activities.
* Hire/contract for additional staff if required and/or use volunteers.
* Define performance objectives for each program activity, and assessment methods for those objectives.

All WIC clinic staff should be involved in breastfeeding promotion and support. They should know the policies and

goals of the program and have enough information to answer simple questions. Staff should also know whom to refer participants to for answers to more detailed questions.

In developing a staffing plan, five staffing categories/roles are particularly important. These are (1) the program manager(s); (2) peer counselors; (3) breastfeeding specialists; (4) providers of group classes; and (5) providers of individual counseling. Each of these is discussed below.

1. Management

To be effective, any breastfeeding promotion and support effort should involve leadership, direction, and coordination provided by a manager or management team. **Useful management concepts are:**

- Management responsibilities for breastfeeding promotion include:
  - directing staff
  - interacting with a breastfeeding coordinating group if used
  - interacting with staff in other units (e.g., health) and organizations (e.g., La Leche League) to coordinate activities
  - making operational decisions regarding breastfeeding promotion and support activities
- Management of a breastfeeding promotion and support effort is easier when a single individual is assigned to perform this role. However, local circumstances (e.g., other staff responsibilities) may lead to assignment of two or more managers.
- When there are two or more managers, responsibilities should be clearly delineated between or among them. Furthermore, coordination procedures should be established and used.
- Two or more managers can coordinate activities more easily when they are located at the same site.

- The person given management responsibilities for breastfeeding promotion and support should be the senior person at a WIC site or have the support of the senior person on site.

- When the breastfeeding promotion and support effort involves two or more sites of a local agency or two or more local agencies in a State, a breastfeeding coordinator should be assigned to provide direction and support to staff at each location.

- State and local agencies should select managers of breastfeeding promotion and support efforts who are committed to breastfeeding and have the organizational skills to oversee its promotion and support.

2. Roles for Peer Counselors

Peer counselors should either be WIC participants or have essentially the same demographic characteristics as WIC participants. In both cases, peer counselors should have breastfed at least one infant, or preferably, be presently breastfeeding their infant. The rationale for involving peer counselors in breastfeeding promotion and support is that peer counselors can reinforce WIC staff efforts. Thus, they can encourage WIC participants to begin and continue breastfeeding because they have breastfed and they share similar backgrounds and experiences with WIC participants. If identified and used properly, peer counselors can be an extension of clinic staff and serve as effective breastfeeding promoters. Indeed, with some ethnic groups, peers are more successful in establishing rapport than are other staff.

Useful concepts for using peer counselors are:

- Peer counselors can and have been used successfully to:

  - facilitate and encourage discussion of breastfeeding issues and techniques in prenatal and postpartum groups

  - provide postpartum participant followup in the hospital and at home

- provide insights to other WIC staff about breastfeeding promotion and support with WIC participants

o Early steps to establishing a peer counselor unit are:

  - identify peer counselor specific duties, estimate time requirements, and determine whether peer counselors will receive a salary, reimbursement for expenses, and/or other incentives

  - identify desirable peer counselor characteristics (e.g., assertiveness, good communication skills, successful breastfeeder, reliable, bilingual)

  - prepare and post an announcement which includes a job description and desirable applicant characteristics

o Peer counselors should be given initial training. Initial training should cover their job responsibilities; advantages and techniques of breastfeeding; techniques for helping others, especially if plans call for them to provide individual counseling; time and attendance requirements; and relationships with their supervisor.

o Peer counselors should participate in ongoing training which can be less structured than initial training. For example, peers and their supervisor could meet periodically at the WIC clinic to review experiences, discuss problems and develop approaches for overcoming problems.

o Probably three or four peer counselors should be recruited and trained so at least one will be available for specific classes and counseling sessions, taking into account illness, other commitments and turnover. At some sites, only one or two more peer counselors may be needed due to caseload and specific tasks assigned to them.

3. The Use of Breastfeeding Specialists

Expertise in breastfeeding is necessary in order to implement a successful breastfeeding promotion and support effort. Indepth expertise can be provided by a lactation consultant or a breastfeeding educator.

Ways to upgrade breastfeeding knowledge at WIC local agencies include:

- Consider using breastfeeding specialists because they are particularly effective in individual counseling sessions.

- If staffing constraints do not permit hiring such a specialist, provide advanced training for at least one staff member. That person should in turn share the knowledge with other WIC staff members.

4. Providers of Group Classes To Promote and Support Breastfeeding

A variety of personnel may be involved in the provision of prenatal and postpartum classes focused on breastfeeding for WIC participants.

Useful concepts about group classes are:

- Nutrition staff trained in breastfeeding promotion and support or breastfeeding specialists should conduct group classes.

- Group class leaders should have training in educational methods for conducting group classes.

- Peer counselors can be incorporated into group classes to serve as breastfeeding role models and stimulate discussion about breastfeeding.

5. Providers of Individual Counseling

Different individuals at a WIC clinic may provide one-on-one counseling. Often, paraprofessionals (e.g., nutrition assistants) provide counseling on basic breastfeeding topics, and professional staff deal with problems and complications.

Getting the most from individual counseling involves the following concepts:

- o Staff providing individual counseling on breastfeeding promotion and support should be knowledgeable in the area. Relevant knowledge can be provided through training.

- o The more WIC staff who are knowledgeable about breastfeeding promotion and support, the greater likelihood that useful contacts on the subject can be made with WIC participants.

- o Peer counselors were generally not viewed as effective in individual counseling because of their limited breastfeeding knowledge and their inexperience in how to provide technical assistance to others. However, with appropriate training, peer counselors can become more adept and effective in providing individual counseling.

D. Coordination: How can an interagency committee be used to coordinate breastfeeding promotion and support activities?

General Principles

*** A breastfeeding cordinating committee including members from various community agencies can serve as a resource and stimulus for breastfeeding promotion and support efforts.**

*** The committee should have five to nine core members.**

*** Such a committee should include representatives from local hospital(s) and a mix of decisionmakers and implementers.**

*** A committee works best if it sets its own specific and achievable goals.**

Key Implementation Steps

* **Select an initial committee organizer.**

* **Identify a "core" group with an interest in breastfeeding.**

* **Hold an initial meeting to define the group's focus and structure.**

* **Add members as necessary to meet specific group needs.**

* **Have the group develop a list of specific and achievable goals, and develop a workplan to meet those goals.**

A coordinating committee, task force, or council may further a WIC program's breastfeeding promotion efforts. The program will need to decide whether to form a new group or use an existing group. For small communities, it may be desirable to use an existing council, rather than set up a separate group that would probably duplicate membership. It is essential to undertake sound planning in order to constitute an effective, cohesive group. Further, at the outset it is important to keep in mind that building such a group is a slow, gradual process. Planning should include consideration of several questions:

- Who should organize the committee?
- What organizations or individuals should be represented?
- When and where should the committee meet?
- What are appropriate activities for the committee to undertake?

1. Organization

   Someone in WIC should be identified to organize and establish a coordinating group, participate in meetings, and possibly chair the committee. No particular staff position is recommended; it could be the WIC coordinator, a nutritionist, a breastfeeding educator, or some other staff person.

   However, in selecting this person, WIC programs (and the individual) should recognize that time and energy are needed to get the committee operational. It is also helpful if this individual is known to some of the

organizations which she/he will be contacting, although this is not essential.

2. Membership

Committee organizers should recognize several realities at the outset:

- Some individuals considered important to the committee may not be interested.
- Even interested individuals may have difficulty in making time commitments for meetings and other committee activities.
- Committee turnover will likely result when members leave their own organizations.

In approaching committee composition, it may be appropriate first to identify a small core group who could then recommend others. Once the committee is operational, members can always be added.

Although membership should be dictated by WIC program needs, typical members might include area physicians, nurses, community organization representatives, lactation consultants, WIC staff, (including peer counselors), and WIC participants. **Committee members should include people who are implementers and decisionmakers within their organizations.** Personal recruiting by the person organizing the committee, including a followup letter, can be effective. The letter can further clarify the committee purpose and emphasize benefits to potential members.

3. Logistics of Meetings

Because some members may have difficulty making time commitments for meetings, care is needed when deciding meeting frequency, times, and places. Too frequent meetings will become burdensome and may cause key individuals to drop out. Meetings scheduled too infrequently may result in lost momentum and disinterested members. Initially, quarterly meetings may be appropriate, with "special" meetings called, if necessary.

The coordinator should select meeting times and locations that are convenient for the majority of committee members by surveying each member. Depending on group membership, the following might be suitable: breakfast or luncheon meetings at a participating

hospital, or rotating meetings. Also, **reconfirm** meeting times and personally contact nonattendees to maintain their interest in the committee.

4. Activities of the Committee

Formulate one or two broad goals before contacting core group members, leaving further goal setting to the group once it is formed. Goals and activities for a coordinating committee might include all or some of the following:

- networking and team building among relevant community organizations and institutions
- sensitizing key individuals to issues related to breastfeeding promotion and support
- building community awareness
- changing hospital policy relating to breastfeeding
- producing guidelines for nursing staff

Once goals are identified, determine what activities are required to achieve the goals; also determine member responsiblities. For example, a goal of community awareness may be achieved through such activities as breastfeeding promotion articles, public service announcements, speakers at community gatherings, and conferences/workshops on breastfeeding promotion--may involve many committee members. On the other hand, changes in hospital breastfeeding policies may require preparing guidelines and revising them based on formal and informal meetings with key hospital staff, including hospital-based committee members.

E. Prenatal Activities: What should be done to promote breastfeeding and address the issues and concerns of prenatal WIC clients?

General Principles

* **A variety of prenatal approaches should be planned because people learn in different ways and are influenced by different promotion strategies.**
* **There should be a logical sequence to prenatal activities based on the week of gestation.**
* **Breastfeeding promotion messages need to be simple, clear, specific, and consistent.**

Key Implementation Steps

* **Select an overall prenatal strategy which is consistent with your participants' needs and your agency's resources.**
* **Monitor the prenatal activities regularly to assure that they are being performed properly and consistently.**
* **Review and revise the prenatal strategy as required.**

There may be a greater potential for success with prenatal breastfeeding promotion activities than with postpartum activities, since during the prenatal period it is easier to focus a woman's attention on breastfeeding education than in the postpartum period when there are many other things going on in her life. This section includes suggestions for setting a positive and supportive tone in the clinic; specific techniques of one-on-one and group counseling; a review of support devices such as written materials, videos, and public service announcements; and general concepts for improving breastfeeding promotion for prenatal women.

1. Development of a Positive Tone

Effective promotion of breastfeeding means that it is integrated with other clinic services and involves all staff as promoters. Staff should be sensitive and

alert to supporting breastfeeding as part of their routine assignments.

A positive breastfeeding environment can be created in the WIC clinic. This can involve the use of posters and other graphics in waiting rooms, hallways, and other locations within the clinic. Bulletin boards recognizing breastfeeders are another useful device. If possible, materials should be rotated or replaced from time to time. Furthermore, formula promotion materials can be removed from participants' view as much as possible to avoid sending mixed messages to them.

2. The Use of Group and Individual Counseling

Although group and individual counseling are commonly used in WIC clinics, staff should review their usefulness in promoting breastfeeding and how often participants attend prescribed sessions. Both group and individual counseling can be used to: (a) discuss intended choice of infant feeding, (b) dispel myths concerning breastfeeding, (c) provide information about the advantages of breastfeeding, (d) describe and demonstrate breastfeeding techniques, (e) provide solutions to potential breastfeeding problems, and (f) explain ways WIC can further inform and provide breastfeeding support. The amount of group or individual counseling used at a given site is partially affected by staff workloads, but may also be influenced by the design of breastfeeding promotion classes and participant characteristics.

Each approach has its advantages. Group counseling enables WIC staff to give breastfeeding promotion messages to a number of WIC participants at the same time. Individual counseling is more time-consuming but can be targetted to individual needs.

Techniques to improve group counseling include:

- **review** of current content, scheduling, and practices used in group sessions to identify strengths and weaknesses
- group leaders' **use of outlines** that are approved by clinic management to guide and provide structure
- **emphasis on participation** by WIC women in group sessions and on techniques to promote that participation

- consideration of **incentives** to increase group attendance, such as issuance of vouchers a day early or award of door prizes

- **mixing** prenatal and postpartum women in group sessions in order to promote discussion of breastfeeding issues

- assessment of group session **logistics** [e.g., group size, length of session, times when sessions are scheduled, type of staff member who schedules sessions (e.g., clerk versus peer counselor)]

- **instituting modifications and evaluating** how changes work, including obtaining WIC participant feedback

Individual counseling can be more effective when:

- the counselor is knowledgeable about breastfeeding promotion and support

- procedures have been established whereby complicated issues and difficult problems are referred to staff most knowledgeable about breastfeeding

- the counselor has clearly identified each of the issues, concerns, myths, and problems that a participant has and either has addressed each one personally or referred the participant to someone more knowledgeable about breastfeeding

3. Other Techniques

There are numerous other techniques that might be used with prenatal participants. However, they should be viewed as supportive rather than central features of breastfeeding promotion. Other techniques include:

- Written Materials: Various handouts and informational brochures are available for use in prenatal contacts. These materials may not be appropriate for participants, however, because (a) they do not adequately endorse breastfeeding as the preferred infant feeding method, (b) they give incorrect information and/or contain improper or indiscrete pictures or illustrations, (c) they are not culturally sensitive and/or they do not

depict the relevant racial or ethnic group, or (d) they are not in the relevant language or at the appropriate reading level. Programs may receive a better return on their investment by preparing simple, easy-to-read handouts on special topics such as breastfeeding facts for prospective fathers.

- Breastfeeding videos: Videos are becoming increasingly popular in clinic waiting rooms as a tool, along with staff motivation, to influence a woman's feeding decision. While potentially useful in supporting other clinic efforts, participants often do not receive the entire messages of the tape because of limited time in the clinic or distractions. Clinics should weigh the advantages and disadvantages before purchasing and using videos in this manner. Staff should consider how videos fit into overall breastfeeding promotion (not consider videos an end in themselves). They should also ensure that tapes are changed periodically to maintain participant interest.

- Public service announcements (PSA's). PSA's for local radio and television stations may be a useful public information device regarding breastfeeding. However, unless these can be produced and donated by a media company, they can be expensive. Before deciding to use PSA's, programs should determine their costs and consider tradeoffs between this and other techniques.

- Questionnaires and participant surveys. Some WIC program staff have found questionnaires and participant surveys useful devices for planning and implementing prenatal breastfeeding promotion activities. These techniques can be used to gather information on participants' knowledge and attitudes and preliminary information on their feeding plans. However, if these devices are used, plans must also be made about how findings will be incorporated into the prenatal breastfeeding component.

- Incentives. Incentives can be used to attract participants to group sessions and/or publicize breastfeeding promotion. Incentives might include door prizes for

women attending group counseling, T-shirts, layettes, and the like. Some programs have been successful in having gifts donated by church groups and cosmetic manufacturers.

4. General Concepts To Improve Breastfeeding Promotion

- Plan counseling logically (e.g., at early contact assess participants' thinking about breastfeeding; later in pregnancy focus on more specific topics such as techniques).

- Do not over-promote breastfeeding. It is important to support a woman's infant feeding decision regardless of whether breastfeeding or bottle-feeding is chosen.

- "Success" can be looked at in different ways (e.g., what a woman defines as successful). It is important not to have women set goals that they will not likely reach.

- When considering materials, make a distinction between what women need to know about breastfeeding and what it would be nice for them to know.

- When making participant referrals, consider the reality of whether participants will go.

- Schedule appointments and send reminder cards to let participants know that an infant feeding session is part of normal WIC followup.

- Provision of breastfeeding education by a trained peer counselor can be effective in convincing women to try to breastfeed.

F. In-Hospital Activities: What should be done to promote breastfeeding and to support WIC participants while they are in the hospital?

General Principles

* **Although determining when WIC women deliver their babies is likely to be a difficult task, it is important to make very early contacts after delivery.**

* **It is important to know hospital policies in order to try to change those which are unsupportive of breastfeeding or to prepare women for what to expect while in the hospital.**

* **Most new breastfeeding women will have questions about breastfeeding in the days immediately following delivery, so counseling and support should be easily available.**

Key Implementation Steps

* **Find out about existing hospital policies relevant to breastfeeding (rooming in, supplementation, etc.).**

* **Develop a flexible system for finding out about WIC births.**

* **Prepare women for what to expect in the hospital.**

* **Make an initial contact with the mother as soon as possible after delivery.**

* **Tell the woman whom to call if she is having problems with breastfeeding.**

In-hospital breastfeeding promotion and support may encounter more problems than other promotion and support components. These problems are often exacerbated by inaccurate delivery dates, short hospital stays, and the reluctance of some hospitals to release participant information. Whereas WIC staff control the direction of prenatal support, they must rely on other techniques for reaching participants during their hospital stays. A general strategy can be followed to improve in-hospital breastfeeding promotion and support. That strategy involves two elements.

1. Examination of Hospital Policies and Practices

In order to design a reasonable and realistic approach for improving breastfeeding promotion and support in hospitals where WIC participants deliver, it is necessary to know current hospital policies and practices and their impact on breastfeeding. Thus, a needs assessment should be conducted to obtain information about the following:

- o any written policies that concern or influence the method by which new infants are fed
- o rooming in
- o supplementation
- o ability to meet the needs of non-English-speaking participants
- o standing orders and other practices that support or undermine breastfeeding
- o breastfeeding education and support using videos and other materials
- o use of a lactation consultant
- o willingness of hospital to release WIC participant information

2. Development of In-Hospital Approaches

The nature of approaches to be developed to address specific issues depends on the issues themselves; the WIC program's current relationship with key hospital staff--especially nurses; potential roles that could be played by a breastfeeding coordinating committee; and an evaluation of receptivity by hospital administration and nurses to promoting and supporting breastfeeding. **General approaches to promote support of breastfeeding in the hospital reflect local circumstances and include:**

- o If the hospital offers any breastfeeding support, WIC staff should identify mechanisms for linking WIC participants into such systems (e.g., arrange for them to attend breastfeeding classes at the hospital before delivery; advise participants of

availability of videos and other instruction after delivery).

- If a hospital has unsupportive practices, WIC staff should alert women to them before they go to the hospital. An easy way to do this is to provide participants with a simple fact sheet about what to expect in the hospital; e.g., no rooming in, importance of asking for the infant at feeding time, etc. Indeed, a key aspect of preparing participants for their hospital stay is encouraging them not to be intimidated by medical staff.

- WIC staff should establish or improve existing relationships with key hospital staff either by working through a breastfeeding coordinating committee that includes hospital representatives or by working directly with hospital staff.

- Two purposes of working with key hospital staff are:

  - to identify ways breastfeeding support in the hospital can be improved

  - to determine whether there are any viable methods for WIC staff to obtain notification of infant deliveries by WIC participants from hospital staff

- Improved breastfeeding support at the hospital can involve contributions by WIC staff and a breastfeeding coordinating committee when agreement can be secured from hospital staff that such contributions would be desirable.

- Easier communication between nurses and non-English-speaking WIC participants can be achieved by providing hospitals with flip charts that include bilingual messages or by providing such participants with two-sided cards to take to the hospital, one side with a message in English, the other with a message in the native language. (Putting bilingual cards into participants' hands may encourage them to be more assertive in the hospital.)

- While WIC participants can be asked to notify the clinic when they deliver, either by calling or sending a postcard, neither approach is very effective.

- o WIC staff should explore all avenues to learn about participant deliveries by:
  - arranging for an appointed WIC staff member to regularly call a mutually agreed upon hospital contact
  - reviewing the local newspaper daily if it lists birth announcements
- o Involve hospital staff in identifying those areas in which progress is most likely to be made.
- o Involve hospital staff in selecting approaches that seem workable.
- o Check with hospital staff to obtain their views about how an initiative is proceeding.
- o Use that feedback to revise or revamp initiatives.

G. Other Postpartum Activities: What other postpartum activities can be conducted to help women overcome problems and to reinforce the breastfeeding choice?

General Principles

*** Early postpartm contact can be made through a variety of mechanisms (inperson visits, telephone, mail), and a flexible strategy should be adopted.**

*** The needs of breastfeeding women will vary, so individual counseling should be part of the postpartum strategy.**

*** Group support through classes can provide motivation for continuing breastfeeding.**

Key Implementation Steps

* **Develop a multi-option strategy for making early contacts with WIC mothers after delivery.**

* **Contact all women, asking about feeding choices, offering breastfeeding support, and urging early postpartum certifications.**

* **Provide breastfeeding mothers with flexible services that meet their individual needs.**

A combination of coordinated postpartum approaches is recommended. They should be aimed at motivating women to initiate breastfeeding and to continue breastfeeding.

During the postpartum period, access to WIC participants is diminished for various reasons, including demands at home (e.g., the new infant and other children), a move to another residence, a disconnected telephone, and perhaps a decision not to have the infant certified in the WIC program. Thus, during this period, participant tracking and followup are very important.

1. Early Postpartum Contacts

   If contact is made with WIC participants while they are in the hospital, other early postpartum contacts should be easier. However, it is difficult to make contacts while women are in the hospital because expected delivery dates are inaccurate and typically women spend only a short time in the hospital (usually 48 hours, but as few as 24 hours). Nonetheless, early postpartum contact is important to promote initiation and continuation of breastfeeding even if the woman has already left the hospital.

   a. Phone Contacts

      The WIC staff should try to make an early postpartum contact with each WIC participant. In most instances, the easiest medium to use is the telephone. To increase the odds of being able to contact a WIC participant by phone:

      o Verify her address and phone number close to her delivery date.

- Update the anticipated delivery date late in her pregnancy.

- Obtain phone numbers for relatives, friends or neighbors early and update later in the pregnancy, even if women have phones at the time they are asked. (Alternate phone numbers give WIC staff additional potential avenues for making an early postpartum contact.)

b. Early Certification

When early phone contacts are made with WIC postpartum women, early certification appointments should be scheduled in addition to providing breastfeeding support. It is recommended that certification be done within 1 month postpartum. The certification appointment then becomes another opportunity to provide additional, but still early, breastfeeding support.

c. Emphasizing Early Contacts

The importance of both early postpartum contact, most likely by phone, and early certification should be stressed to prenatal participants. The idea of such early contact can be introduced when prenatal women are initially certified in the WIC program, then reinforced in subsequent prenatal visits to the WIC clinic.

d. Mail Contact

If, despite all efforts, a postpartum woman cannot be promptly contacted by the WIC staff, an information package should be sent out. That package should cover such topics as:

- advantages of breastfeeding
- techniques of breastfeeding
- potential breastfeeding problems and ways of resolving such problems

The package should also identify WIC as a resource to deal with any breastfeeding issues and encourage the postpartum women to contact the WIC clinic promptly to receive any needed assistance and to arrange for an early certification appointment.

2. Individual Counseling

Individual counseling should be available to postpartum women. Such counseling is appropriate for early postpartum contacts and may be needed in later contacts to provide further support. Individual counseling can be tailored to individual needs and should be provided on demand within certain time limits, usually during the hours the WIC clinic is open.

Individual counseling can be provided in person and by telephone. Often, junior staff or paraprofessionals provide basic counseling and refer special problems to more senior nutrition staff. Trained peer counselors may also be used and may be particularly appropriate for participants who have little or no English language skills. Alternatively, or in addition to peer counselors, the use of a translator for those who cannot communicate in English is recommended.

Some programs may choose to establish a breastfeeding counseling telephone hotline, whereby problems and other breastfeeding issues can be dealt with as they arise. However, should this technique be used, WIC staff should ensure that all staff involved are familiar with the process. Staff also need to inform participants of the operating hours for this service.

3. Group Sessions

Group sessions are also appropriate for postpartum, breastfeeding women. However, given motivation issues noted earlier, some incentives may be required to increase attendance.

If incentives are used to encourage attendance at prenatal breastfeeding promotion sessions, then different incentives should be considered to attract postpartum women to group sessions. Incentives may be chosen to:

- appeal directly to the postpartum woman (e.g., fancy soap, bath gel)
- appeal indirectly to the postpartum women with something for the new infant (e.g., a T-shirt with a breastfeeding logo, a layette, a rattle)

Incentives can cost money that a WIC program does not have to spend. So WIC programs should try to identify organizations that can donate the incentives. To avoid

potential conflicts of interest, formula companies should not be the first choice. Instead, look to area churches, local foundations, and major companies in the community.

Once women have been successfully encouraged to attend any group session, the contents of a session should focus on topics of interest: e.g., managing school, work, and breastfeeding; breastfeeding problems; and nutrition during breastfeeding. If available, peer counselors can be used effectively in postpartum groups.

4. Materials

Materials should be used to support counseling offered to WIC postpartum women. Such materials need to be more detailed and specific than materials used in breastfeeding promotion. Materials should be carefully reviewed to assess the accuracy of their content, appropriateness of their language and reading level, and cultural sensitivity.

The appendix to this report contains a list of video and written materials concerned with breastfeeding that may be useful to WIC programs.

H. Systems and Procedures: What procedures need to be in place to implement a breastfeeding promotion and support program?

General Principles

* **A breastfeeding promotion program requires a clear operational plan, detailing who does what and when.**
* **All breastfeeding promotion programs should include regular monitoring and feedback by staff, clients, and others.**
* **Sites should document the effectiveness of their breastfeeding promotion programs.**
* **A breastfeeding promotion program requires a continuing staff training component, especially for new staff.**

Key Implementation Steps

* **Determine what new forms, protocols, etc., are required to operate and monitor your program.**

* **Develop forms and protocols and test their usefulness at the site.**

* **Develop a training plan for all staff at the site.**

* **Regularly collect information from clients and staff about how well the program is operating.**

* **Collect the information necessary to tell you if your program is succesfully meeting its objectives.**

* **Schedule and hold periodic reviews of the program.**

The effective implementation of a program to improve breastfeeding rates among WIC participants requires the development and use of procedures to: (a) tie separate activities together into a cohesive package; (b) monitor progress; (c) track results; and (d) train staff. Each of these elements is discussed below.

1. New or Revised Protocols

   A new breastfeeding effort is likely to involve continuation of some ongoing activities, revision of others, and introduction of new activities to be undertaken in prenatal and postpartum periods. Participant record forms may need to be created or modified. Procedures for providing services may need to be designed or revised. Timetables for conducting activities may require development or change. Staff assignments are likely to require adjustments. Thus, before launching a new breastfeeding effort, a set of protocols that delineates who does what, when, and how needs to be developed. These should take into account not only all of the proposed activities but the relationship among activities and the need for coordination among staff. Written instructions for what to do and how to handle problems should be part of the protocols.

2. Program Monitoring

To ascertain how well a WIC program is implementing a new breastfeeding effort, feedback should be obtained from WIC staff, WIC participants, representatives of other organizations with which WIC is coordinating breastfeeding activities, and members of the breastfeeding committee if there is one. Such feedback should be obtained systematically and periodically.

Feedback from WIC staff can be obtained in staff meetings. Participant feedback can be obtained from a sample of prenatal and postpartum women on voucher pickup days. Feedback from other organizations can be obtained in telephone calls with representatives most involved. Committee feedback can be obtained at meetings. All except participant feedback can be obtained informally, without asking a set of specific questions.

However, to maximize the utility of this feedback, at least key concepts to be assessed should be identified ahead of time. Participant feedback requires a formal set of questions, in part because a variety of staff members are likely to be involved in obtaining such feedback.

WIC program staff might initially feel that obtaining feedback is a luxury, not possible in light of other demands on staff time. It is not. Feedback can alert WIC program management to problems that need attention, obstacles that need to be overcome, and activities that are taking staff energy and resources but do not seem to be working. Conversely, feedback can identify what is working well, and perhaps why it is working.

Armed with appropriate feedback, program management can fine-tune the effort, better allocate resources, and increase the likelihood that desired results will be obtained. Without feedback, decisions are based on intuition, previous experience, and other factors which may have nothing to do with the situation under review. The use of informed decisions is the best approach.

3. Tracking Results

Any breastfeeding effort is aimed at increasing breastfeeding incidence and duration rates. Unless the WIC staff collects information about these rates and whether women received key prenatal and postpartum interventions, there is no yardstick against which to measure impact. On one hand, information should be

collected from participants about whether they breastfed at least once and how long they breastfed. On the other hand, information about whether women received key interventions should also be collected. A sample tracking form for a breastfeeding effort which includes both of these types of measures plus some general items is presented in exhibit II-1.

4. Training Staff

Although requiring a time commitment, staff training is essential both to improved breastfeeding promotion and support and general staff efficiency. In some cases breastfeeding promotion has been unsuccessful because clinic staff did not understand its relevance to their specific duties, had no knowledge of approaches to be used, and considered breastfeeding promotion taking time needed for other activities.

Staff should be knowledgeable about breastfeeding and knowledgeable about intervention procedures and recordkeeping. It is desirable that all WIC staff--even the receptionist--have some basic knowledge about breastfeeding. Thus, a participant contact with any member of the WIC staff can be a positive one with regard to breastfeeding. However, staff who have indepth knowledge about breastfeeding should handle the more complicated breastfeeding questions.

Training regarding breastfeeding could be provided on site by the most knowledgeable staff member to the rest of the staff. Alternatively, an outside authority could conduct training.

Training regarding the site's breastfeeding program should be conducted by the coordinator or onsite manager for all WIC staff. Inservice sessions should cover such information as:

- breastfeeding plans and activities
- staff roles and responsibilities in breastfeeding promotion
- tracking, recordkeeping, and reporting requirements
- internal and external points of referral

Some programs use a combination of techniques to convey such information. For example, some topics are covered during staff meetings and other procedures are documented in memos distributed to all staff. Thus, in instances of staff turnover, new hires are provided copies of memos as part of their orientation.

EXHIBIT II-1

Sample Participant Tracking System

Participant Name/Number: _____

Infant Name/Number: _____

Infant Date of Birth: _____

	Y	N
Prenatal Activities:		
o Completed infant feeding questionnaire	__	__
o Attended followup breastfeeding class	__	__
o Saw breastfeeding video	__	__
Postpartum Activities:		
o Received in-hospital WIC contact	__	__
o Received at-home WIC contact within 2 weeks	__	__
o Recertified within 1 month	__	__
o Attended breastfeeding class	__	__
Breastfeeding Incidence:		
o Breastfed at least once	__	__
Breastfeeding Duration:		
o Hospital discharge:		
Exclusive breastfeeding	__	__
Mixed	__	__
o 6 weeks:		
Exclusive breastfeeding	__	__
Mixed	__	__
o 3 months:		
Exclusive breastfeeding	__	__
Mixed	__	__

III. DEMONSTRATION RESULTS

The guidance provided in chapter II was derived from the demonstration experience of the seven sites. This chapter summarizes the demonstration activities at the seven sites. An overview of demonstration activities is presented, along with the staffing patterns and expenditures/in-kind contributions for the seven sites. Effective activities by demonstration component are then presented, followed by a discussion of demonstration outcomes. The chapter concludes with lessons learned from the demonstration.

A. Summary of Demonstration Activities

This section of the chapter presents summary information across the seven demonstration sites concerning: (1) breastfeeding promotion and support activities, (2) staffing patterns, and (3) expenditures from the incentive grant and other resources allocated to the demonstration.

1. Demonstration Activities

Exhibit III-1 presents an overview of demonstration activities that were conducted at each of the seven sites. There are commonalities in the general types of activities conducted at the seven sites as well as some unique activities conducted at only one or two sites. In the coordination category, all sites engaged in hospital and other community outreach efforts. Four of the sites focused on trying to revise hospital policies and procedures so that they were more supportive of breastfeeding.

Prenatal efforts to encourage breastfeeding commonly involved the use of group classes and individual counseling. Supportive materials were used at all the sites, although the emphasis on types of materials varied among sites.

In-hospital activities varied across sites. Four sites used at least one method to try to obtain early notification of delivery and provide early support. One site used a combination of four methods. Oklahoma was most involved in in-hospital activities. It should be noted that the Oklahoma site is the only hospital-based program included in the demonstration. Thus, their access to the hospital was greater.

Other postpartum activities involved individual counseling at all sites and the use of group classes at

EXHIBIT III-1

Summary of Major Demonstration Activities Across Sites

Demonstration Activities	FL	ID	MA	MO	OK	PA	WI
Coordination							
1. Revision of hospital policies/procedures		x	x	x	x		x
2. Workshop for health professionals		x	x		x		
3. Hospital and other community outreach	x	x	x	x	x	x	x
4. Materials review	x		x	x			
Prenatal							
1. Group classes	x	x	x	x	x	x	x
2. Individual counseling	x	x		x	x	x	x
3. Posters/bulletin board	x	x	x		x	x	x
4. Videos/slide-tape	x	x	x	x		x	x
5. Public service announcements			x				
6. Home visits				x			
7. Breastfeeding library						x	x
8. Client knowledge/attitude survey							x
In-Hospital							
1. Postcards/birth announcements		x		x		x	x
2. Telephone calls/warm line		x		x		x	x
3. Hospital notification of WIC deliveries				x			x
4. Inperson contacts				x	x	x	x
5. Bilingual flip chart					x		
6. Provided name of peer support mother					x		
7. Breastfeeding discharge packet					x		
Other Postpartum							
1. Group classes	x	x		x		x	x
2. Individual counseling	x	x	x	x	x	x	x
3. Home visits/referrals for home visits			x	x			

five sites. Only one site directly provided support during home visits. One other site made referrals to a variety of agencies, including two that provided inhome support.

2. Staffing

Exhibit III-2 presents information about the types of staff who were involved in four major functional areas (management, group classes, individual counseling, and scheduling of participants) during the intervention. When two or more job titles are listed in a category, they have been ordered from most involvement and responsibility for a function to less involvement.

As shown in the exhibit, there are both similarities and differences in the staffing pattern among sites. Summary descriptions by functional area are presented below followed by staffing considerations (peer counselors and breastfeeding specialists) which cut across functional areas.

a. Project Management

Four sites used a single project manager while the following three sites divided management responsibility among at least two individuals. In Oklahoma, the nutrition assistant directed project implementation on a daily basis while the WIC director provided periodic supervision; both were based in the same facility. In Massachusetts, day-to-day project management was handled by the senior nutritionist at the site while specific materials development activities were implemented by the planning and compliance officer of the local agency in another city. In Idaho, three individuals shared management responsibility: the onsite coordinator, the offsite project coordinator, and the offsite WIC coordinator. The nutritionist had daily responsibility for project activities. The project coordinator maintained telephone contact with the nutritionist and periodically came to the site. On a less frequent basis, the WIC coordinator talked by phone to the nutritionist and came to the site.

In general, sites with a single project manager reported more positive results. When management tasks were divided, the decisionmaking process was often slowed, and coordination of project activities was inhibited.

EXHIBIT III-2

Staffing During Intervention by Functional Area Across Sites

Functional Area	FL	ID	MA	MO	OK	PA	WI
Project Management	Nutrition Supervisor	1. Nutritionist 2. Nurse (Demo. Coordinator) 3. WIC Coordinator	1. Senior Nutritionist 2. Planning/Compliance Officer*	WIC Coordinator	1. Nutrition Assistant (Project Director) 2. WIC Director	Field Supervisor	WIC Coordinator
Group Classes	1. Nutritionist 2. Health Educators	1. Clinical Assistants 2. Peer Counselors	1. Senior Nutritionist 2. Peer Counselor	1. Nutrition Educator 2. Peer Counselors	1. Nutrition Assistant 2. Peer Counselors	1. Nutritionists 2. Peer Counselors	Breastfeeding Educator
Individual Counseling	1. Breastfeeding Peer Counselor 2. Nutritionist	1. Nutritionist 2. Clinical Assistants 3. Nurse (Demo. Coord.)	Senior Nutritionist	1. Peer Counselors 2. Lactation Consultant 3. Nutritionist 4. Nurse	1. Nutrition Assistants 2. Community Workers	1. Peer Counselors 2. Nutritionists	1. Breastfeeding Educator 2. Nutrition Educator 3. Bilingual Health Aide 4. Peer Counselors
Scheduling of Participants	1. Nutrition Supervisor 2. Nutritionist 3. Clerks 4. Nutrition Assistant 5. Breastfeeding Peer Counselor	1. Receptionist 2. Nurse (Demo. Coord.)	1. Clerks 2. Senior Nutritionist	Clerks	Nutrition Assistant	1. Peer Counselor 2. Nutrition Assistant	1. WIC Clerk and Bilingual Health Aide 2. Breastfeeding Educator 3. WIC Coordinator

*Had lead responsibility for specific intervention activities (e.g., development/use of public service announcements; design/production of T-shirts).

b. Group Classes

Nutritionists, nutrition educators, or nutrition assistants were primarily responsible for group classes in six sites. In Wisconsin, a breastfeeding educator led classes for most of the participants. Peer counselors also participated in group classes in five of the sites. Sites generally concluded that a knowledgeable WIC staff member should lead such classes, but that peer counselors could provide important inputs.

c. Individual Counseling

Two or more types of staff provided individual counseling during the intervention at six of the seven sites. Massachusetts used only one provider. Types of providers included nutritionists, nutrition assistants, peer counselors, breastfeeding specialists and nurses. Sites stressed the importance of having well-trained personnel providing consistent messages in such sessions.

d. Scheduling of Participants

This function included the scheduling of participants for WIC services (including breastfeeding promotion and support contacts) and the tracking and collecting of data for the project. Clerks or a receptionist did scheduling in five sites. The project director handled this role in Oklahoma and the peer counselor took primary responsibility in Pennsylvania. Project data collection involved project managers in four sites.

e. Peer Counselors

Positive peer influence was a required element of the interventions. Peer counselors were used in group classes, to provide individual counseling, and to schedule WIC participants. A single peer counselor was used in three sites (Florida, Massachusetts, and Pennsylvania). Four, six, seven, and nine peer counselors were used in Wisconsin, Missouri, Oklahoma, and Idaho, respectively. Sites had varying experiences with peer counselors. In general, however, sites concluded that with proper training and management, that peer counselors can make very

positive contributions to breastfeeding promotion and support activities.

f. Breastfeeding Specialists

Two sites included breastfeeding specialists in their staffing of intervention activities. Missouri used a lactation consultant and Wisconsin used a breastfeeding educator. In both cases, they provided individual counseling. In Wisconsin, the breastfeeding educator also conducted group classes. Both sites were very positive about the contributions of their breastfeeding specialists.

3. Budget

Exhibit III-3 presents expenditures reported by each of the seven sites from their incentive grant of $12,000. Three of the sites (Idaho, Massachusetts, and Oklahoma) each accounted for $12,000 exactly. Three other sites (Missouri, Pennsylvania, and Wisconsin) each had expenditures in excess of $11,000. Florida had incentive grant expenditures of about $8,000.

Personnel expenses listed in the exhibit varied across sites. Two sites (Idaho and Wisconsin) spent more than $10,000 on WIC staff and advisors. Two sites (Missouri and Pennsylvania) each spent over $2,000 from the incentive grant for peer counselors, while Florida spent over $7,000 for a peer counselor.

All seven sites added resources to their demonstrations which consisted of expenditures made from other sources and in-kind contributions. These data are shown in exhibit III-4.

There are substantial differences among the seven sites. Expenditures and value of in-kind contributions range from about $2,000 to over $27,000. It is worth noting that only Massachusetts generated income from conference fees during the demonstration which could be applied against excess expenditures, resulting in a total of just over $1,000. The value of the extra resources for Oklahoma is substantially greater than the other six sites. Oklahoma added more than $27,000 worth of resources, more than $25,000 of which was for WIC staff. The remaining six sites each added resources of less than $10,000.

Through review of both exhibits III-3 and III-4, it is interesting to note that four of the sites paid their

EXHIBIT III-3

Expenditures from Incentive Grant Across Sites

Expenditure Category	FL	ID	MA	MO	OK	PA	WI
WIC Staff/Advisors	$ --*	10,544	3,683	6,055	4,798	3,880	10,033
Peer Counselors	7,347	--	--	2,670	--	2,559	--
Educational Materials	435	170	1,214	2,244	1,492	1,494	1,428
Equipment	--	--	1,883	--	--	175	94
Training	110	806	1,360	--	680	100	100
Travel	281	157	443	268	1,078	19	108
Repro/Printing	--	219	257	168	1,325	645	36
Other Direct	18	104	3,160**	71	787	2,422****	--
TOTAL	8,191	12,000	12,000	11,476***	12,000	11,294	11,799

*In-kind expenses of $1,904 covered salary of nutritionist for time devoted to the project.
**Includes $1,800 in breastfeeding discharge materials and $1,200 in supplies.
***Remaining grant funds were expended to support peer counselors through March 1990.
****Includes $1,208, indirect cost and $910, rent.

EXHIBIT III-4

Expenditures/Income and In-kind Contributions from Sources Other Than Incentive Grant Across Sites

Expenditure Category	FL	ID	MA	MO	OK	PA	WI
WIC Staff/Advisors	$7,904	$3,115	368	8,568	25,311	1,279	2,810
Peer Counselors	--	--	--	--	--	581	1,200
Educational Materials	75	--	1,500**	--	999	--	--
Equipment	--	--	--	--	--	--	--
Training	--	727	--	241	52	100	759
Travel	--	--	--	--	--	--	--
Repro/Printing	--	--	--	200	1,022	--	--
Other Direct	--	4,160*	124	132	233	100	--
Subtotal	7,979	8,002	1,992	9,141	27,617	2,060	4,769
Income	--	--	800***	--	--	--	--
TOTAL	7,979	8,002	1,192	9,141*	27,617	2,060	4,769

*Includes other agency support and indirect costs.
**Represents donation of public service announcements.
***Registration fees from 1-day conference.

peer counselors (Florida, Missouri, Pennsylvania, and Wisconsin). The other three sites used volunteer peer counselors. Although not paid in Idaho, peer counselors received some incentives--a notebook, a recognition certificate, and participation in a party late in 1989 for breastfeeding mothers and those who planned to breastfeed.

Overall, it is reasonable to conclude that a comparatively small amount of money can generate substantial activities aimed at breastfeeding promotion and support. Within the basic model used for the demonstration, sites illustrated ability to form and use a committee; introduce prenatal, in-hospital, and postpartum activities to promote and support breastfeeding; and incorporate peer counselors into a variety of those activities.

B. Coordination Component

Overall, this component was viewed as moderately effective. All sites organized coordinating committees, as required under the guidelines of the grant. The committee was effective in some sites. For example, in Oklahoma, the committee made many significant contributions and was viewed as the primary accomplishment of the project. Among the positive contributions of the committee at that site were the addition of a breastfeeding class to the prenatal education program, more space for prenatal and postpartum classes allocated on the hospital obstetrics ward, and greater awareness of breastfeeding promotion activities in general. On the other hand, in Idaho there was a decided lack of interest on the part of hospital staff (especially the head nurses) which affected the workings of the committee.

Among other accomplishments, the coordination of a committee helped create a network among the relevant health care agencies in the community (for example, Florida and Missouri); helped develop breastfeeding policy for the local hospital (Massachusetts and Wisconsin); and prepared outlines of breastfeeding guidelines in English and Spanish to improve communication between Spanish-speaking women and English-speaking nurses (Massachusetts).

C. Prenatal Component

Within the prenatal component, in addition to breastfeeding promotion required at certification, sites promoted breastfeeding by conducting group classes, holding small group or individual counseling sessions, distributing information pamphlets, decorating the WIC clinic with

promotional posters, and showing videos in the WIC clinic waiting areas on breastfeeding advantages, techniques, and problem-solving.

In addition to these approaches, a number of sites used other techniques. For example, Florida offered individual counseling at the participant's convenience and several sites (Idaho, Missouri, and Oklahoma) used peer counselors in the prenatal component. Another approach was media promotion, used by Massachusetts, Oklahoma, and Wisconsin. Massachusetts developed public service announcements in English and Spanish that were aired on several local stations. Oklahoma produced a special poster illustrating how a woman can breastfeed discretely. Wisconsin produced a special slide-tape presentation for Hmong participants.

Pennsylvania focused on fathers in the prenatal component. Site staff designed a pamphlet, "Breastfeeding Facts for Dad" and invited prospective fathers to counseling and education sessions.

Sites found small-group or individual sessions to be particularly effective. The participants felt more comfortable in interacting, asking questions, and raising important personal issues in this environment than they did in a large-group setting. Small-group or individual sessions also increased attendance rates, since these sessions could be scheduled at the participants' convenience. On the other hand, small-group sessions and individual counseling are time-consuming and expensive, and some sites felt this approach was not affordable. Class formats varied. Some classes dealt with specific subjects such as breastfeeding basics, whereas others were less structured sessions for women with questions and/or those undecided about breastfeeding. Classes were conducted by professional WIC staff, such as the nutritionist, or by specially recruited peer counselors. In some cases, peer counselors were included in classes conducted by professional WIC staff.

All sites conducted group classes with varying frequency. Sites tried to organize these as informally as possible in order to encourage participation, sharing, and mutual support. Getting participants into the clinic to attend classes was a problem, however. To overcome this, sites scheduled classes for voucher pickup days, when participants would most likely be at the clinic, or provided incentives such as scheduling voucher pickup one day early for prenatal women who attended classes.

At several sites peer counselors conducted individual counseling sessions as well as group classes. Use of peer

counselors was generally effective as long as they were given adequate training. Participants were more comfortable in discussing breastfeeding with peers, as compared with WIC staff members, since peers were generally of similar racial/ethnic background, age, and socio-economic level as the participants. Furthermore, peers served as role models because they were currently breastfeeding or had very recent experience.

D. In-hospital Activities

In general, in-hospital activities were the least effective aspect of the demonstration. Although attempts were made through the coordinating committees to change hospital practices and implement positive breastfeeding policies, many hospitals continued to encourage formula supplementation and included formula in discharge packets. Several hospitals delivered record numbers of babies during the intervention period, while also experiencing a shortage of nurses. This required that new mothers be discharged within 24 hours, making support for breastfeeding within the hospital very difficult.

Overall, coordination between WIC and the hospital staffs was lacking and hospital nurses were not as supportive of breastfeeding as the WIC staff. All sites except Oklahoma reported difficulty getting timely information on deliveries. This was sometimes due to confidentiality issues; in other cases, it reflected a lack of hospital staff time. Some sites (e.g., Missouri) provided the hospital with a list of WIC participants to encourage hospital notification, but this device was not particularly effective. In the case of Wisconsin, which developed tracking and followup systems and emphasized one-on-one contact, there was some success with hospital contact.

In Massachusetts, Holyoke Hospital itself had a breastfeeding promotion and support component, including a lactation consultant. However, the hospital was not amenable to having WIC-sponsored volunteers visit new mothers.

Of the seven sites, Oklahoma, a hospital-based WIC program, had the most effective in-hospital component. At that site WIC staff could more easily identify when WIC participants delivered and could access participants to provide breastfeeding support shortly after they delivered. WIC staff routinely made hospital rounds.

Even in this setting, coordination between WIC and hospital staffs was important. For example, WIC staff were able to reinforce support of breastfeeding for participants by

involving them in hospital breastfeeding classes in addition to WIC breastfeeding classes.

E. Postpartum Component

The purpose of the postpartum component was to encourage participants to continue breastfeeding after hospital discharge, to answer questions, and to help overcome any problems which they may experience. Among the effective activities within the component included tracking of deliveries to identify when participants needed to be contacted (Florida, Oklahoma and Wisconsin); early postpartum certification of mothers and their babies (Massachusetts and Wisconsin) and support for breastfeeding mothers, including group classes (Missouri and Pennsylvania), individual counseling (Florida, Missouri, and Pennsylvania), and peer support (Missouri and Wisconsin). Counseling and support were provided in various ways--at the clinic (Florida), through home visits (Missouri), and over the telephone (Wisconsin). Puzzles, pamphlets, and bulletin board displays in the clinic were also used (Florida) to provide information and to encourage participants to continue breastfeeding. In Wisconsin, a recognition board showing Hmong breastfeeding participants seemed well-received by that population. Overall, activities within the component were judged to be moderately effective.

Sites agreed that early contact and early postpartum certification of participants following hospital discharge are essential for breastfeeding support. Therefore, a tracking system and staff to implement the system are necessary. The fact that the WIC target population is fairly transient and that many participants do not have telephones make tracking a difficult and time-consuming task.

A particularly effective strategy used by sites to encourage continuation of breastfeeding is the use of incentives. For example, sites agreed that providing vouchers to breastfeeding mothers a day early was very effective. The Wisconsin site distributed cosmetics and infant T-shirts to participants who had breastfed 1 month and 2 months, respectively.

F. Outcome Data

1. Breastfeeding Incidence and Duration

Data were collected on the percentage of infants in the baseline and intervention samples who were breastfed at least once, and breastfed at hospital discharge, at 6 weeks, and at 3 months of age. These data are

presented in detail in each of the case studies (see chapter IV). A summary of the data is shown in exhibit III-5. This exhibit presents the percentages of infants breastfed in the baseline and intervention samples, and the differences in percentages between the two groups. The data show that, except for one site that experienced no difference, mothers in the intervention sample were more likely to attempt breastfeeding than mothers in the baseline sample. The data at hospital discharge, 6 weeks, and 3 months were variable. With the exception of one site, infants in the intervention sample were more likely to be doing some breastfeeding at hospital discharge than infants in the baseline sample. Some breastfeeding includes both exclusive breastfeeding and mixed breastfeeding and formula-feeding. At 6 weeks, infants in the intervention sample at four sites were more likely to be breastfed than those in the baseline sample, while the opposite relationship was true at three sites. At 3 months, infants in the intervention sample at five sites were more likely to be breastfed, while no difference or only a 1 percentage point difference was found at the remaining two sites.

2. Breastfeeding Rates by Types of Intervention

Exhibit III-6 shows the number of women who received both prenatal and postpartum intervention activities, prenatal activities only, postpartum activities only, or no intervention activities at all. The exhibit also shows the percentage of women in these groups who breastfed at least once, at hospital discharge, at 6 weeks, and at 3 months. Since the number of women who did not receive both prenatal and postpartum activities is small, the data should be viewed cautiously. Higher rates of breastfeeding were found for those women who received postpartum activities (either by themselves or in combination with prenatal activities). This is probably because in some sites breastfeeding mothers were the only ones who received postpartum interventions.

3. Other Outcomes

In addition to changes in breastfeeding rates among WIC participants, several changes in process were achieved. In general, the sites stated that various components of the demonstration will be incorporated into their regular WIC program. For example, four sites will incorporate breastfeeding classes developed during the demonstration into their nutrition education component; two sites will continue employment of a full-time

EXHIBIT III-5

Incidence and Duration of Breastfeeding: Comparison of Baseline and Intervention Samples*

Breastfeeding Rates	FL	ID	MA	MO	OK	PA	WI
	%	%	%	%	%	%	%
Breastfed at Least Once							
Baseline Sample	19	57	30	43	39	34	35
Intervention Sample	29	57	49	51	42	43	44
Difference	+10	0	+19	+8	+3	+9	+9
Some Breastfeeding** at Hospital Discharge:							
Baseline Sample	13	57	29	42	37	33	35
Intervention Sample	32	51	47	43	39	43	39
Difference	+19	-6	+18	+1	+2	+10	+4
Some Breastfeeding** at 6 Weeks:							
Baseline Sample	11	45	19	33	24	23	23
Intervention Sample	18	38	29	29	18	39	26
Difference	+7	-7	+10	-4	-6	+16	+3
Some Breastfeeding** at 3 Months:							
Baseline Sample	3	25	8	23	16	20	14
Intervention Sample	14	30	16	23	15	31	17
Difference	+11	+5	+8	0	-1	+11	+3

*See Case Studies for sample sizes.

**Includes exclusive and mixed breastfeeding.

EXHIBIT III-6

Number of Women by Type of Intervention Received and Breastfeeding Rates* for Each Group

State	Type of Intervention	Size of Group	Percentage Who Breastfed at Least Once	Percentage Who Did Some** Breastfeeding at Hospital Discharge	Percentage Who Did Some** Breastfeeding at 6 Weeks	Percentage Who Did Some** Breastfeeding at 3 Months
FL	Full Sample***	126	29	32	18	14
	Prenatal and Postpartum	23	100	83	61	48
	Prenatal Only	33	0	0	0	0
	Postpartum Only	10	100	90	40	80
	None	32	13	13	13	13
ID	Full Sample	102	57	51	38	30
	Prenatal and Postpartum	65	66	58	48	41
	Prenatal Only	15	47	47	20	13
	Postpartum Only	17	35	35	12	12
	None	5	40	40	40	20
MA	Full Sample***	130	49	47	29	16
	Prenatal and Postpartum	68	71	71	49	31
	Prenatal Only	43	21	14	9	2
	Postpartum Only	2	100	100	50	50
	None	10	30	30	30	0
MO	Full Sample	154	51	43	29	23
	Prenatal and Postpartum	63	84	76	54	42
	Prenatal Only	74	26	23	14	11
	Postpartum Only	3	100	100	100	100
	None	14	21	21	7	7
OK	Full Sample	163	42	39	18	15
	Prenatal and Postpartum	125	50	50	22	19
	Prenatal Only	29	17	3	3	3
	Postpartum Only	5	20	20	0	0
	None	4	25	0	0	0
PA	Full Sample	202	43	43	39	31
	Prenatal and Postpartum	202	43	43	39	31
	Prenatal Only	0	NA	NA	NA	NA
	Postpartum Only	0	NA	NA	NA	NA
	None	0	NA	NA	NA	NA
WI	Full Sample	133	44	39	26	17
	Prenatal and Postpartum	44	86	85	62	38
	Prenatal Only	34	24	24	3	3
	Postpartum Only	13	85	62	64	50
	None	42	2	2	2	2

*Some percentages are based on slightly smaller group sizes than indicated due to missing data.
**Includes exclusive and mixed breastfeeding.
***Subgroups do not add to full sample due to missing data.
NA = Not applicable

breastfeeding coordinator; and two sites will continue to use peer counselors in group classes and for small-group and individual counseling.

Infant feeding policies and procedures were also changed as a result of the demonstration. For example, hospital policies on formula supplementation, inclusion of formula in discharge packets, and provision of prescriptions for birth control pills have been changed at several sites. Communication between the WIC staff and hospital staff has improved, and knowledge of the advantages of breastfeeding and breastfeeding techniques and problem-solving have increased among WIC staff, hospital staff, and WIC participants.

G. Lessons Learned

Through both written questionnaires and workshop discussion, sites reported on the lessons learned in carrying out the interventions. Collectively, the comments can be grouped in four major categories: (1) coordination, (2) breastfeeding promotion and support methodologies, (3) hospital coordination, and (4) administrative and training.

1. Coordination

Four sites commented formally on the coordinating committee in their reports; in addition, at the workshop there was general support for establishing coordinating groups to promote and support breastfeeding. Sites viewed the committee as a mechanism for improving relationships with local hospitals. Summaries of lessons learned in this category include:

- Setting up a committee requires an awareness of community attitudes and hospital policies/practices regarding breastfeeding in order to establish realistic goals.
- Membership should include key staff from the medical community.
- Membership should also include implementers as well as policymakers and should reflect a range of breastfeeding attitudes.
- Building an effective committee with hospital participation may take a significant amount of time.

2. Breastfeeding Promotion and Support Methodologies

Most of the comments on lessons learned concerned breastfeeding promotion and support methodologies. In general, sites recommended that promotion and support consist of a combination of activities (individual; group; use of posters, videos, and other materials) and that clinics address cultural and participant differences. Within this category of lessons learned, sites commented frequently on individual and group counseling and breastfeeding instruction. Summaries of lessons learned in this category include:

- Before women become pregnant breastfeeding information should be made available to them through displays in high school classes, the work place, and apartment complexes.

- Effective breastfeeding promotion and support takes staff time.

- Clinics should plan prenatal services and should consider a combination of group and individual counseling and breastfeeding classes.

- Postpartum support includes spending time with new mothers in the hospital, if possible, and following up at specific intervals (e.g., 2 weeks and 5 to 6 weeks postpartum).

- Personal relationships established at the outset between staff and participant will facilitate breastfeeding promotion.

- Followup should include appointments for breastfeeding women and phone calls to/from breastfeeding women with problems.

3. Hospital Collaboration

Sites reported that the in-hospital stay is critical to breastfeeding activity, and success of breastfeeding at this stage often depends on hospital staff attitudes and practices. At the same time, WIC hospital staff coordination is often difficult to achieve, and hospital policy changes occur slowly. Summaries of lessons learned in this category include:

- Because physicians and other hospital policymakers are instrumental in initiating changes, local agencies must find mechanisms for developing

rapport, improving coordination, and influencing practices with these groups.

- Breastfeeding conferences, workshops, and training sessions help focus hospital staff on the extent to which it supports breastfeeding.
- Continued networking with hospital staff over time will help produce more in-hospital support for breastfeeding.

4. Administration and Training

Sites reported that local agencies need to acknowledge the time required to plan and coordinate breastfeeding promotion and support activities. In addition, the importance of several types of training and tracking devices were noted. The lessons learned in this category included:

- Tracking mechanisms facilitate recordkeeping and service provision.

- Local agencies need to acknowledge and plan for a variety of training needs, including staff orientation, peer counselor training, and hospital staff training.

IV. CASE STUDIES

This chapter presents the case studies for the seven demonstration sites. The case studies are presented in alphabetical order by state. The state abbreviation or name appears at the top of each page. The case studies follow a common outline, in order to facilitate comparisons among sites.

Each case study begins with a chart which summarizes some key characteristics of the site. This is followed by a section which describes the context for the demonstration. Next, the breastfeeding promotion and support activities are described under the four major demonstration components (coordination, prenatal activities, in-hospital activities, other postpartum activities). Finally, the results of the demonstration are presented under four major headings: (1) Breastfeeding Rates; (2) Other Outcomes; (3) Effectiveness of Specific Activities; and (4) Lessons Learned.

NORTHEAST HEALTH CENTER
RIVIERA BEACH, FLORIDA

Local Agency: Palm Beach County Public Health Unit
West Palm Beach, Florida

Type of Agency: Local Health Department

Service Site: Northeast Health Center
Riviera Beach, Florida

Location: Primarily suburban, but also draws participants from urban area

Caseload: April 1988: 1,371 (Priorities I-VI)
April 1989: 1,852 (Priorities I-VI)

Ethnic/Racial Mix: Black - 75%; White, not Hispanic - 14%; Hispanic - 5%; Haitians - 5%; Asian/Pacific Islanders - 1%

Food Distribution System: Retail purchase, vouchers issued bimonthly

Site Staff During Intervention: Nutrition Supervisor (1 full-time); Breastfeeding (Peer) Counselor (1 part-time); WIC Nutritionist (1 full-time); Nutrition Assistant (1 full-time); Clerks (2 full-time)

A. Context

1. Site Location

Palm Beach County is a fast-growing area with a diverse population which includes very wealthy families as well as poverty-level migrant workers. Riviera Beach, where the WIC demonstration program was located, is situated in the northern part of the county. It includes a wealthy barrier island community, and a mainland population of poor Blacks.

The health center, which contains the WIC clinic, provides maternity and pediatric health care services which are integrated with WIC services. The center is

situated near a warehouse and industrial area not too far from a federal housing project. St. Mary's Hospital which serves the clinic's participants is approximately 1-1/2 miles from the clinic.

2. Participant Characteristics

The language and cultural diversity of the WIC population made breastfeeding promotion and support a challenge. While breastfeeding is the usual practice in the countries from which many of the participants emigrated, there is a perceived status to using infant formula in this country. There was very little interest in breastfeeding among the Haitian participants. The Hispanic participants, especially those who had just recently come to this country, were more accepting of breastfeeding.

Although a variety of Spanish-language materials were available, many of the participants from Central America spoke dialects other than Spanish. Many of the immigrant participants could not read in any language.

Drug abuse, crack cocaine in particular, was a significant problem at the intervention site. Approximately 15 percent of the maternity participants tested positive for drug use. A number of participants were also HIV positive.

3. Community Attitudes and Hospital Practices

WIC program breastfeeding promotion activities focused on encouraging participants to breastfeed even if formula supplementation and breastfeeding are done for only a short time. Emphasis by some community support groups on exclusive, longterm breastfeeding limited success of efforts to coordinate activities for WIC participants.

A recent countywide survey of 673 WIC participants indicated that of those WIC mothers who never tried breastfeeding, 40 percent said they did not because they needed to return to school or work, 21 percent said they heard it was too painful, and 16 percent said they felt it was too embarrassing.

Breastfeeding policies had been established by the hospital's birth center used by private participants. However, no policies were in place for the unit where WIC participants delivered. Staff shortages and space

limitations necessitated discharge within 24 hours of delivery. Use of nipple shields and glucose water were encouraged, and formula-feeding was not uncommon for breastfed babies. Formula company discharge packs were given to all new mothers.

4. Special Characteristics of the WIC Site

Extensive staff turnover and increased caseload prevented regular and continual implementation of all intervention activities. Staff changes began almost immediately. One of the two WIC clerks resigned in early February. The position was filled in late March. One of the Health Center's health educators, who was actively involved in the project, resigned in March. This position was filled in August. In April, a nutrition assistant was hired to help with the rapidly growing WIC caseload. In July, the nutritionist supervisor was promoted to WIC coordinator. She continued to work parttime at the intervention site until the new supervisor began work in early November. In addition, the WIC nutritionist was frequently called upon to provide coverage in other clinics. The breastfeeding peer counselor worked at the intervention site 1 day each week, plus some evening and weekend hours.

During the intervention period, the WIC caseload at the site increased from 1,760 participants in January 1989 to over 2,200 by the end of the year.

5. Baseline Breastfeeding Rates

Nineteen percent of WIC women breastfed at least once. At 6 weeks, 11 percent did at least some breastfeeding. By 3 months, only 3 percent of women breastfed their infants at least some of the time.

B. Breastfeeding Promotion and Support Activities

1. Coordination Component

a. Previous Efforts

Minimum coordination between WIC and the hospital concerning breastfeeding promotion and support occurred prior to the demonstration. The hospital nurses would ask the WIC participants if they wanted to breastfeed. If so, the nurses, as a courtesy, would call the WIC clinic to relay this

information. In general, the WIC staff already knew approximately when each of their participants was scheduled to deliver, and whether or not she planned to breastfeed.

b. Demonstration Activities

A 12-member breastfeeding promotion task force was established with representatives from the county health unit, hospital, Healthy Mothers/Healthy Babies Coalition, and March of Dimes. The full committee met three times during the course of the demonstration period. To facilitate attendance of the busy hospital staff, meetings were held at the hospital. Attendance was 95 percent at the first two meetings, and 33 percent at the third meeting. Three subcommittees were formed which met informally throughout the period. These subcommittees focused on participant education, training for hospital nursing staff, and community outreach.

The participant education subcommittee reviewed a variety of written and audiovisual materials for content and appropriateness for the racial/ethnic composition and educational level of participants. Many of the materials were rejected because they were culturally inappropriate and displayed indiscrete breastfeeding techniques. Some materials also showed breastfeeding women with their male partners. This was felt to be inappropriate for the clinic's clientele of mostly single mothers.

The staff training subcommittee examined training materials, conducted a hospital nursing staff needs-assessment, and started to outline an inservice training program to be offered to hospital nurses. Due to the extensive effort required to develop such a program, an alternative was arranged. A staff nurse at the hospital (who was a certified lactation consultant) delivered an inservice training session for the hospital nursing staff. This occurred during October 1989.

The community outreach subcommittee tried to identify individuals and agencies in the community who would lend their support to breastfeeding. As a result, a cooperative network was established

with Healthy Mothers/Healthy Babies Coalition and March of Dimes.

c. Accomplishments

In addition to the above, an important accomplishment of the coordinating committee was that it provided an opportunity for representatives of various organizations to meet and learn about what others were doing, what resources were available, and how to use those resources to provide consistent, ongoing care for participants.

Another accomplishment was the recognition by care providers that WIC participants do breastfeed and that agencies need to provide appropriate information and support to them.

2. Prenatal Component

a. Previous Efforts

Prior to the intervention period, the amount of breastfeeding information provided to prenatal women at the WIC clinic depended on which nutritionist provided counseling. Prenatal nutrition classes, presented three to four times per month, contained some information on breastfeeding; and a video on breastfeeding from a formula company was shown several times per month. The participants were not especially interested in the class or the video; response to individual counseling was more positive.

b. Intervention Activities

Identification Activities. Participants who were interested in breastfeeding were identified at initial WIC certification and a referral card was completed. A tickler file was set up with the cards filed alphabetically by month of due date. Posters with self-referral cards were placed throughout the clinic. These cards were collected daily and added to the file. Information on each participant's infant feeding choice was entered on the patient flow sheet in the medical record.

Group Classes. Classes on breastfeeding, developed and taught by the nutritionist and

health educator, were held in the maternity waiting area. In addition, information on breastfeeding was incorporated into the general maternity and infant feeding classes, and into education classes in the teen clinic. Prenatal participants were encouraged to attend support group meetings, especially in their third trimester.

Materials. Various posters, both purchased and locally made, were displayed throughout the clinic. In September, a large bulletin board display was set up in the maternity waiting area. A word search puzzle was developed and distributed by the health educator. Three videos were purchased; two were used with the postpartum support group and the third, a short motivational video, was shown in the waiting areas. A pamphlet on breastfeeding was distributed to participants who were planning to breastfeed.

Individual Counseling. General information on breastfeeding was included as part of the basic maternity counseling provided by the health educator, nutritionist, and nutrition assistant. The nutritionists provided more detailed counseling for those participants requesting additional information. Participants were encouraged to see the nutritionist during clinic visits or WIC check pickup. Counseling emphasized problem prevention and what to expect during the first few weeks after delivery.

3. In-hospital Activities

a. Previous Efforts

There was virtually no coordination regarding breastfeeding between WIC and the hospital before the demonstration began.

b. Intervention Activities

Only limited breastfeeding information and support for WIC participants were provided at the hospital. However, conditions at the hospital during the intervention period made it almost impossible for nurses to support WIC participants in breastfeeding. The hospital was understaffed and a record number of babies was delivered. As a result, most women were discharged within 24 hours of delivery, leaving little opportunity for nurses to do breastfeeding counseling even if they had

the time. Formula company literature and formula samples were included in discharge packets given to new mothers.

4. Other Postpartum Activities

a. Previous Efforts

Breastfeeding information was provided to WIC mothers when the infant was certified for the program, generally within 2 weeks of delivery. The breastfeeding participants were encouraged to call the nutritionist with questions or problems.

b. Intervention Activities

Individual counseling. Using the "tickler file" system, the breastfeeding peer counselor attempted to contact the new mothers by telephone as soon as possible after delivery. However, tracking of participants was a problem, as the population was rather transient. Most women brought their babies to the clinic within 1 week after delivery for WIC certification. At this visit the breastfeeding peer counselor and nutritionists provided information, counseling, and support. Ongoing followup counseling was available, as needed. The 6-week postpartum checkup for mothers was used as another opportunity to provide counseling on breastfeeding.

Support group. This group of breastfeeding mothers met biweekly at the clinic, with attendance varying from two to eight. The group was led by the peer counselor. At each meeting, a different topic was discussed and a video shown. On several occasions, the health educator from Healthy Mothers/Healthy Babies Coalition shared experiences as a working, breastfeeding mother. Most of these women brought a support person to the meetings, either the father of the baby, a friend, or a relative. This happened spontaneously, and was encouraged by the WIC staff as its benefits quickly became apparent. Attendance was highest when participants were personally contacted and invited to attend. Posters providing information on the support group meetings were placed throughout the clinic.

C. Demonstration Results

1. Breastfeeding Rates

Exhibit IV-1 shows the percentage of infants in the baseline and intervention samples who were ever breastfed, and who were breastfed at hospital discharge, at 6 weeks, and at 3 months of age. Higher percentages of infants in the intervention sample compared to the baseline sample were breastfed at least once, and were breastfed at hospital discharge, at 6 weeks and at 3 months of age. However, only the differences between the groups at hospital discharge and at 3 months were statistically different.

2. Other Outcomes

As the number of women who were successfully nursing increased, interest in and enthusiasm for the project also increased. The positive atmosphere in the clinic led to participants being more open about asking questions, sharing their own breastfeeding experiences with others, and nursing their babies while waiting for clinic or WIC appointments. As breastfeeding raised the self esteem and confidence of the participants, the WIC staff found breastfeeding promotion to be a very postive experience. Breastfeeding promotion has been added to the 1990 Health Education schedule. Two months have been targeted for breastfeeding promotion--1 month for the teen clinic and 1 month for the general maternity clinic. Activities will include daily classes in the waiting areas and bulletin board displays. Breastfeeding will also be the WIC education topic for those months. The health educators will prepare the displays and present classes. The pamphlet developed during the demonstration project will be made available for distribution. Breastfeeding promotion and support activities will be implemented in each of the health centers within the county Health Unit.

Breastfeeding information will continue to be included with maternity intake counseling. For participants receiving care at the clinic, the health educator will provide the information. Nutritionists and nutrition assistants will counsel those participants referred to contract care providers.

Another outcome of the demonstration is that as breastfeeding mothers check in at the clinic for their vouchers, the clerks and other staff encourage them to see the WIC nutritionist to discuss their experiences and ask any questions which they may have. As a result of the breastfeeding project, nutritionists are

EXHIBIT IV-1

Percentage of Infants Breastfed

Riviera Beach, Florida

	Baseline Sample		Intervention Sample	
	N	%	N	%
Breastfed at Least Once	19	19	37	29
Never Breastfed	81	81	89	71
Total	100	100	126	100
At Hospital Discharge				
Breastfed exclusively	3	3	11	11
Mixed Breastfed & Formula-fed	10	10	21	21
Formula-fed Exclusively	87	87	70	69
Total	100	100	102	100*
At 6 Weeks				
Breastfed Exclusively	2	2	7	6
Mixed Breastfed & Formula-fed	9	9	15	12
Formula-fed Exclusively	89	89	104	83
Total	100	100	126	100*
At 3 Months				
Breastfed Exclusively	0	0	6	5
Mixed Breastfed & Formula-fed	3	3	11	9
Formula-fed Exclusively	97	97	109	87
Total	100	100	126	100*

*Percentages may not sum to 100 due to rounding.
N = number

more sensitive in prescribing the food packages for both the mother and the infant. Infant formula is not routinely issued to infants who are being breastfed. When formula is requested, powdered formula is recommended to allow the mother to prepare only the amount needed. The amount of formula issued is tailored to the frequency of supplementation.

The staff is also more aware of the policies and procedures regarding certification of and check issuance to those women who are supplementing with infant formulas. In the past, women who were nursing only part time were not always recertified for WIC when their infants were 6 months old.

As a result of her participation in the demonstration project, the project coordinator was invited to serve on the steering committee for a statewide breastfeeding promotion project sponsored by the Florida Healthy Mothers/Healthy Babies Coalition. The committee developed model hospital breastfeeding policies which are currently being reviewed for endorsement by various medical and professional organizations. Training on the implementation of these policies will be targeted to hospitals in the State that serves large numbers of Medicaid participants.

3. Effectiveness of Activities

Exhibit IV-2 summarizes the breastfeeding promotion and support activities undertaken during the intervention. Ratings of the effectiveness of the activities as judged by demonstration staff are also shown. The most effective activities were the individual counseling sessions within both the prenatal and after-hospital postpartum components. The in-hospital component was the least effective aspect of the intervention due to staff limitations and early discharges for routine deliveries.

4. Lessons Learned

Lessons learned from the demonstration included the following:

- A successful coordination committee needs to include key representatives from the hospital. The goals of the committee must be clearly and realistically defined, and time availability of committee members should be considered in setting the committee's objectives and agenda.

EXHIBIT IV-2

Summary of Major Breastfeeding Promotion and Support Activities

Riviera Beach, Florida

	Very Effective	Moderately Effective	Not Effective
Coordination Component-Overall	___	X	___
1. Review of materials for clients	___	X	___
2. Community outreach and networking	X	___	___
Prenatal Component-Overall	___	X	___
1. Identification and tracking process/prenatal certification	___	X	___
2. Group classes	___	X	___
3. Individual counseling	X	___	___
4. Posters and bulletin board display	X	___	___
5. Use of videos	___	X	___
6. Use of peer counselors	___	X	___
In-Hospital Activities-Overall	___	___	X
Other Postpartum Activities-Overall	X	___	___
1. Tracking of delivery dates (tickler file)	___	X	___
2. Individual counseling	X	___	___
3. Support group	___	X	___
4. Use of peer counselors	X	___	___

- It is important to identify each participant's preferences concerning infant feeding methods early. The most successful activities involved individual or small group discussions which allowed specific concerns of participants to be addressed.

- Efficient ways to track participants need to be developed to provide early intervention.

- More training is needed for health-care providers in the community, including staff at the hospital, in order to help nursing mothers deal with problems and to ensure participants are provided with accurate, consistent information.

BURLEY WIC PROGRAM
BURLEY, IDAHO

Local Agency:	Public Health District V Twin Falls, Idaho
Type of Agency:	Regional Health Department
Service Site:	Burley WIC Program Burley, Idaho
Location:	Rural agricultural area
Caseload:	April 1988: 1,070 (Priorities I-VI) April 1989: 941 (Priorities I-VI)
Ethnic/Racial Mix:	White, not Hispanic - 60%; Hispanic - 39%; Black - 1%
Food Distribution System:	Retail purchase, vouchers issued monthly
Site Staff During Intervention:	WIC Program Coordinator (1 part-time), Demonstration Coordinator (1 part-time), Clinical Nutritionist (1 part-time), Bilingual Clinical Assistants (2 part-time), Clinical Assistant (1 part-time), Receptionist (1 full-time), Peer Counselors (9 part-time)

A. Context

1. Site Location

The Burley WIC program serves a rural 2-county area of approximately 40,000 people. The economy is agricultural, concerned mainly with growing potatoes and row crops, and raising livestock. Potato processing is the major non-farm industry. Each county has its own hospital, with both competing for patients and qualified staff. One hospital is county-operated and the other managed by a for-profit corporation.

The Burley Program is one of seven WIC sites administered by Public Health District V. District V serves an 8-county area; its administrative office is located 35 miles from the town of Burley. Besides WIC

services, the Health Department provides the following services: pregnancy program, immunizations, family planning, children at risk (0 to 3 years), and the Children's Special Health Program (CHHP).

2. Participant Characteristics

Some of the Hispanic participants speak only Spanish, making communication difficult for the largely English-speaking WIC and hospital staff. The attitudes about breastfeeding held by Hispanic women were influenced by two major factors. One was a significant concern about modesty and the other was a view expressed by some Hispanic men that they did not want their women partners to breastfeed.

3. Community Attitudes and Hospital Practices

In general, breastfeeding is not supported to any great extent in the health care community. The hospital nurses were mostly uncooperative with respect to breastfeeding mothers and did not bring the babies to them in the middle of the night, preferring to bottle-feed them. There was little interest by the staff at the two hospitals to improve services to breastfeeding women.

4. Baseline Breastfeeding Rates

Fifty-seven percent of WIC women breastfed at least once. At 6 weeks, 45 percent of women did at least some breastfeeding, while at 3 months, this percentage dropped to 25.

B. Breastfeeding Promotion and Support Activities

1. Coordination Component

a. Previous Efforts

No coordination of breastfeeding promotion occurred prior to the demonstration. The WIC program had no contact with the area hospitals or physicians concerning breastfeeding promotion practices.

b. Demonstration Activities

The demonstration coordinator began the process of

organizing a coordination committee by contacting the directors of nursing at the two area hospitals. She found a decided lack of interest by these two individuals in the promotion of breastfeeding and she was referred to other hospital staff members. At one hospital, the inservice director was enthusiastic about serving on the committee. At the other hospital, a licensed practical nurse in the nursery agreed to join the committee. Eventually, a 10-member committee was formed, consisting of the inservice director and another nurse from one hospital, the inservice coordinator and two other nurses from the other hospital, three staff and one peer counselor from the WIC program, and a member of the community who was an instructor at a local community college.

The coordination committee, which met three times during the demonstration period, was divided into two subcommittees--one for development of hospital policies and procedures, and the other for development of a breastfeeding promotion workshop for area health-care professionals. Each subcommittee met once.

c. Accomplishments

A set of hospital policies and procedures relating to breastfeeding was developed and adopted by the two hospitals. However, these policies and procedures were not supportive of breastfeeding. This was the case because their development was influenced to a substantial degree by the hospital representatives on the coordination committee who were not interested in promoting breastfeeding.

A workshop to promote breastfeeding among members of the professional health community was held in October 1989. A total of 61 individuals from across southern Idaho participated, but only a few represented the area hospitals. In the end, the WIC staff developed and presented the workshop as the hospital subcommittee did not function effectively.

2. Prenatal Component

a. Previous Efforts

At initial intake, the clinical assistants encouraged prenatal women to breastfeed. In addition, a class, "Breast or Bottle: The Decision is Yours," was provided by the clinical assistants on an irregular basis to prenatal women.

b. Intervention Activities

Certification. The clinical assistants certified prenatal WIC participants using the form "Help Yourself to Health Self-Care Clinic."

Group Classes. The curriculum outline for "Breast or Bottle" was redesigned and a curriculum outline was developed for a new class entitled "Breastfeeding Basics." The clinical assistants taught these classes, supported by peer counselors (see below). During the intervention, 11 sessions of "Breast or Bottle" were presented to a total of 23 participants, while 15 sessions of "Breastfeeding Basics" were presented to a total of 74 participants. Approximately 75 to 80 percent of participants attended at least one prenatal class. The two classes were translated into Spanish towards the end of the intervention period, but no sessions in Spanish were presented in the WIC clinic during the intervention period.

Peer Counselors. Seventeen peer counselors were trained. Of these, nine participated in at least one of the prenatal classes. They also provided some individual counseling and support after the class, over the telephone, and in one case, during a home visit. Four of the nine peer counselors were bilingual in English and Spanish.

Individual Counseling. The nutritionist was supposed to counsel nutritionally high-risk participants. However, she did not speak Spanish, was available only 3 days per week, and was absent from the clinic for a significant number of weeks during the intervention. She did provide counseling to 53 prenatal participants, which constituted 52 percent of those in the intervention sample.

Participant-Targeted Videos and Materials. A selection of breastfeeding videos was reviewed and two were selected as being most appropriate for WIC participants. Also, handouts provided by the WIC State agency were graded by reading level and field tested. Those that were most useful to the particular participant groups served by the site were given out in group classes and during individual counseling sessions.

3. In-Hospital Activities

a. Previous Efforts

No WIC-related breastfeeding promotion and support activities took place at the hospital prior to the demonstration.

b. Intervention Activities

The demonstration coordinator met with the nursing staff at each hospital to talk about WIC breastfeeding policies and procedures. However, the nurses were uninterested and uncooperative. The policies and procedures developed by the coordination committee were not implemented as the demonstration project intended. Physicians had standing orders for formula supplementation, and nurses continued to include formula in discharge packets.

4. Other Postpartum Activities

a. Previous Efforts

During certification of breastfeeding participants, the clinical assistants discussed each participant's successes and problems, and provided individual counseling if needed. Participants with more serious problems were referred to the WIC nutritionist.

b. Intervention Activities

Procedures were developed and staff members were trained to inform participants about the use of birth announcements and a "Warm Line." After delivery, WIC participants were requested to mail back the birth announcements or call the Warm Line to report the birth. Rather than using the Warm

Line, most participants called WIC staff to announce their births. Consequently, the demonstration coordinator initiated calls on the Warm Line to all new mothers. When participants were reached, the demonstration coordinator was able to provide important breastfeeding support. She contacted 71 (70 percent) of the women in the intervention sample and made 18 followup calls. When participants were not reached on the Warm Line, the coordinator sent out letters which anticipated recent deliveries and provided breastfeeding information.

Two classes were developed in June and July 1989 and presented to breastfeeding participants in late summer and fall. These classes were titled "Preventing Breastfeeding Problems" and "Nutrition During Lactation."

Six sessions of the former were presented in August and September; two sessions of the latter were presented in October. These classes were not very successful. Based on this experience, it was determined that these classes would have been more effective if they had been provided prenatally or individually during postpartum certification.

C. Demonstration Results

1. Breastfeeding Rates

Exhibit IV-3 shows the percentage of infants in the baseline and intervention samples who were ever breastfed, and who were breastfed at hospital discharge, at 6 weeks, and at 3 months of age. The percentages of infants in the baseline and intervention samples who were breastfed at least once were almost identical. Although the percentages of infants who were breastfed at hospital discharge and at 6 weeks in the intervention sample was somewhat lower than infants in the baseline sample, the differences were not statistically significant. The percentage of infants who were breastfed at 3 months was somewhat higher in the intervention sample than in the baseline sample, but the difference was not statistically significant.

EXHIBIT IV-3

Percentage of Infants Breastfed

Burley, Idaho

	Baseline Sample		Intervention Sample	
	N	%	N	%
Breastfed at Least Once	25	57	58	57
Never Breastfed	19	43	44	43
Total	44	100	102	100
At Hospital Discharge				
Breastfed Exclusively	19	43	32	32
Mixed Breastfed & Formula-fed	6	14	20	20
Formula-fed Exclusively	19	43	49	49
Total	44	100	101	100*
At 6 Weeks				
Breastfed Exclusively	12	27	27	27
Mixed Breastfed & Formula-fed	8	18	11	11
Formula-fed Exclusively	24	55	63	62
Total	44	100	101	100
At 3 Months				
Breastfed Exclusively	7	16	20	21
Mixed Breastfed & Formula-fed	4	9	9	9
Formula-fed Exclusively	33	75	67	70
Total	44	100	96	100

*Percentages may not sum to 100 due to rounding.
N = number

2. Other Outcomes

Positive results from the demonstration include:

- The breastfeeding training provided to WIC staff increased their breastfeeding knowledge which resulted in more assertive promotion of breastfeeding.
- The promotion of breastfeeding in the WIC clinic was increased by use of videos, handouts, and peer counselors.
- WIC participants who became peer counselors agreed to do so because of the positive experiences they had had in the WIC program.
- Breastfeeding is beginning to be supported districtwide by the Health Department.

In addition, various aspects of the intervention will be continued. These include:

- periodic inservice training on breastfeeding for WIC staff
- use of the classes "Breast or Bottle" and "Breastfeeding Basics" to promote breastfeeding with prenatal women
- use of the Warm Line to provide support and information to breastfeeding mothers
- new peer counselors to be recruited, trained, and used to support the WIC staff in prenatal and postpartum classes

3. Effectiveness of Activities

Exhibit IV-4 summarizes the breastfeeding promotion and support activities undertaken during the intervention. Ratings of their effectiveness as judged by demonstration staff are also shown. The most effective activities were the selection and use of videos with prenatal women and the use of the Warm Line to provide early postpartum support. The workshop for health professionals had mixed reviews. It was very effective for Health Department staff and not effective for local hospital staff because few attended. The most disappointing aspects of the demonstration wererelated to the lack of support by the hospital nurses. This was reflected in the ineffectiveness of the

EXHIBIT IV-4

Summary of Major Breastfeeding Promotion and Support Activities

Burley, Idaho

	Very Effective	Moderately Effective	Not Effective
Coordination Component-Overall	___	___	X
1. Development of policies and procedures	___	___	X
2. Workshop for health professionals	___	X	___
a. Hospital personnel	___	___	X
b. Health department staff	X	___	___
Prenatal Component-Overall	___	X	___
1. Certification with breastfeeding promotion	___	X	___
2. Group classes	___	X	___
3. Use of peer counselors	___	X	___
4. Individual counseling by nutritionist	___	___	X
5. Review and use of videos	X	___	___
6. Review and use of handouts	___	X	___
In-Hospital Activities-Overall	___	___	X
1. Birth announcements	___	X	___
2. Warm Line	X	___	___
Other Postpartum Activities-Overall	___	___	X
1. Recertification with breastfeeding promotion	___	X	___
2. Group classes	___	___	X

coordination committee and absence of breastfeeding support to new mothers while they were in the hospital. The idea of mailing back birth announcements to the WIC office also did not work. Finally, extended absences from the WIC office by the nutritionist hindered the work of the staff and the effectiveness of the overall demonstration.

4. Lessons Learned

Lessons learned from the demonstration include the following:

- Physicians are a key to initiating changes in hospitals, and if they do not assume a leadership role, changes in health-care policies will not occur.
- Peer counselors are very helpful as participants tend to listen and take more advice from peers rather than from WIC staff; however, peer counselors need to be adequately trained.
- It is important to establish a personal relationship with participants to influence and support their decisions to breastfeed.
- The Warm Line would be more effective with a full-time person on site.

HOLYOKE WIC PROGRAM
HOLYOKE, MASSACHUSETTS

Local Agency:	Valley Opportunity Council (VOC) Chicopee, Massachusetts
Type of Agency:	Private, Nonprofit
Service Site:	Holyoke WIC Program Holyoke, Massachusetts
Location:	Small city
Caseload:	April 1988: 2,450 (Priorities I-V) April 1989: 2,500 (Priorities I-V)
Ethnic/Racial Mix:	Hispanic - 72.6%; White, not Hispanic - 23.4%; Black, not Hispanic - 3.2%; Asian/Pacific Islander - 0.4%; Native American - 0.3%
Food Distribution System:	Retail purchase, vouchers issued monthly
Site Staff During Intervention	Nutrition Education Coordinator (1 full-time),Senior Nutritionist (1 full-time), Nutritionists (2 part-time), Nutrition Assistants (4 part-time)

A. Context

1. Site Location

Two WIC offices which constituted the demonstration site were located in an inner city area of south Holyoke in the period October 31, 1988 to January 31, 1989. The two offices were combined on February 1, 1989 and relocated to the fifth floor of a business office building, near city government offices. The present site is on a bus route and the Social Security office is nearby.

Two hospitals serve the WIC participants--Providence Hospital, located in Holyoke; and Baystate Medical Center, located in Springfield. Most WIC participants deliver at Providence. Baystate is used for high-risk patients. Because most participants used Providence Hospital and Baystate already had a hospital-based breastfeeding task force, during the demonstration,

hospital-related activities were focused on Providence Hospital. Outside services integrated with WIC include maternal child health, prenatal clinic, pediatrics, and family planning.

2. Participant Characteristics

As Holyoke has a large Hispanic population, the majority of participants served by the Holyoke WIC program were Hispanic. Many of these had low-literacy skills in their native language and some had virtually no ability to read in English. In addition, an estimated 20 percent of WIC participants were HIV positive and/or were substance abusers. Furthermore, WIC participants were quite mobile and, therefore, difficult to reach on a continuing basis.

3. Community Attitudes and Hospital Practices

Bottle-feeding was considered a sign of affluence by many Hispanic families. Furthermore, Hispanic women often held a variety of views that influenced their attitudes towards breastfeeding. They felt that breastfeeding would involve exposing the breast, that the size of their breasts would influence their ability to breastfeed, and that they would not be able to provide enough breastmilk to a new infant.

Baystate Medical Center promoted breastfeeding among women who delivered there through activities developed by their breastfeeding task force. Baystate spent 5 years developing breastfeeding policies and guidelines and supportive educational materials. Due to the substantial development time, Baystate representatives were not willing to share these products. However, Baystate members of the task force did contribute ideas, drawing upon their experiences in developing policies and materials for Baystate.

Prior to their demonstration, Providence provided breastfeeding support in the hospital by offering videos, educational materials, and assistance by nurses and a lactation consultant. However, there were no formal breastfeeding policies; and attitudes, knowledge, and behavior regarding breastfeeding varied among staff members. In particular, nursing administrators were not supportive of promoting breastfeeding. Furthermore, written materials on breastfeeding distributed at the hospital were issued by formula companies.

4. Special Characteristics of WIC Site

Staffing presented difficulties for this site. The original demonstration coordinator resigned in January 1989. Her replacement felt that the budgeted time for the position (20 percent) was insufficient to carry out the coordinator's duties. It was felt that 30 percent to 40 percent would have been a more reasonable time allocation for the position. Relocation of the clinic delayed the start of the intervention activities and led to difficulty in tracking participant information during the demonstration. In addition, the schedules of other nutrition staff did not allow them to become involved in breastfeeding promotion activities.

5. Baseline Breastfeeding Rates

In the baseline sample, 30 percent of the women breastfed at least once. Nineteen percent did at least some breastfeeding at 6 weeks postpartum and 8 percent did at least some breastfeeding at 3 months postpartum.

B. Breastfeeding Promotion and Support Activities

1. Coordination Component

a. Previous Efforts

Prior to the intervention, WIC was represented on the Baystate Medical Center's Breastfeeding Promotion Task Force to establish stronger encouragement of breastfeeding. In addition, the WIC program established linkages with Centro Educacion Durante Embarazo (Center for Education During Pregnancy-CEDE), Family Planning of Western Massachusetts, La Leche League, Visiting Nurses Association, CARE Center, Holyoke Pediatrics, and Baystate Medical Center Growth and Nutrition Center to promote breastfeeding.

b. Demonstration Activities

The site established a 21-person breastfeeding promotion task force chaired by the WIC demonstration coordinator, a senior nutritionist. Other members of the task force consisted of 13 nurses, 3 lactation consultants (2 of whom were also childbirth educators), 2 registered dietitians, 1 doctor, and 1 nurse midwife. They

represented Providence Hospital, Baystate Medical Center, La Leche League, Holyoke Pediatric Association, Holyoke Visiting Nurses Association, and the State Department of Public Health.

Early in the intervention period, the task force split into two subcommittees: one concerned with hospital breastfeeding policies and guidelines for nursing staff, and the other concerned with community information. The task force met about 20 times during the 15-month demonstration. This figure includes meetings of the task force subcommittees and interactions among task force members who also served on other community councils.

During the demonstration, many positions at Providence Hospital were phased out due to major budget cuts, and additional responsibilities were allocated to those positions that remained. As a result of increased workload, key hospital staff members at Providence were unable to attend task force meetings. Three members who were committed to breastfeeding resigned from the hospital, and therefore the committee, during the first 3 months of the intervention period. Thus, because of poor attendance at hospital subcommittee meetings, the task force began operating again as a single unit in April 1989. The larger group focused on breastfeeding information for hospital nursing staff.

c. Accomplishments

- After many revisions, breastfeeding policies for Providence Hospital were approved by its Pediatric Committee in Spring 1989.

- An outline for short inservice sharing sessions to be held with Providence Hospital nurses was developed by a certified lactation consultant who was a task force member. In such sessions, the approved breastfeeding policies, breastfeeding issues, and procedures were to be reviewed.

- Breastfeeding guidelines in English and Spanish have been outlined. Plans call for nursing staff to use the guidelines as a checklist to assure that postpartum women are

given adequate breastfeeding information before being released. Plans also call for giving each breastfeeding woman a copy of the guidelines to refer to at home if problems arise. When finalized, these guidelines will be submitted to the Providence Hospital Pediatric Committee for review.

- The contents of breastfeeding discharge packages intended for distribution by Providence Hospital were selected. Contents included: a T-shirt with "Breastfed is Best" or "El Pecho es Mejor" logo, a rattle, coupons for cottage cheese, breast pads, information on breastfeeding, emergency numbers to call if breastfeeding problems arise, a diet for breastfeeding women, and an eye-catching label on the front of the package identifying the developers (compliments of WIC, etc.).

- A breastfeeding conference was held at Providence Hospital on October 26, 1989. The day was split into an afternoon session, 1 to 4 p.m. and an evening session, 7 to 9:30 p.m. The afternoon session addressed basic breastfeeding issues during the immediate postpartum period. The evening session addressed breastfeeding issues during the hospital stay and after hospital discharge. The objective of this conference was to refresh and update hospital staff whose knowledge of breastfeeding may be outdated or unclear. Approximately 150 people attended, including nurses from Providence Hospital and Baystate Medical Center, WIC nutritionists, health educators, physicians, pediatric office nurses, and labor/delivery room nurses.

- A breastfeeding resource list was developed and distributed to community agencies and programs that provide services to prenatal and postpartum women. The list includes information about where to buy nursing bras and breast pumps, and where to obtain information on breastfeeding.

- Breast pumps are now being sold in the Providence Hospital gift shop.

2. Prenatal Component

a. Previous Efforts

Prior to the intervention period, the site provided breastfeeding counseling to pregnant women during their nutrition education contacts. In addition, Hispanic prenatal participants were referred to Centro Educacion Durante Embarazo (CEDE) which provided presentations on breastfeeding promotion and good health. Also, the site displayed breastfeeding promotion posters, distributed bilingual breastfeeding educational materials, and removed formula promotion materials from view. The site was also represented on several prenatal health promotion coalitions in the community, including the Coalition of Spanish-speaking Providers, Holyoke Primary Care Committee and Steering Committee, Coordinating Committee of Teen Pregnancy Coalition, and the Baystate Breastfeeding Task Force.

b. Intervention Activities

In addition to the certification of new prenatals at the WIC clinic, prenatal certification groups were convened at the prenatal clinic at Providence Hospital on Wednesdays and Thursdays beginning in August 1989. In those group sessions, advantages of breastfeeding were discussed and written information on breastfeeding was given to each woman to take home. Wednesday groups were conducted in English and Thursday groups were conducted in Spanish. On those days, WIC nutritionists conducted a nutrition assessment and discussed breastfeeding.

If a woman was interested or undecided about breastfeeding, she was invited back to WIC for a followup group discussion and demonstration on basic breastfeeding techniques. Seven followup group sessions were held beginning in May 1989. All were conducted in English, and three included a demonstration of breastfeeding techniques done in Spanish. Participants attending a breastfeeding followup session received their WIC voucher and a T-shirt for their baby which was designed by WIC staff. Each T-shirt displayed the

message "Breastfed is Best" or "El Pecho es Mejor."

The original peer counselor showed up after one session had been concluded and at a second session, when asked to share her nursing experiences with the group, she became very timid. This peer counselor was not effective despite the fact that she was bilingual, successfully nursing, and a WIC participant. A new bilingual nursing peer counselor was identified and attended one group session. She was very assertive and enthusiastic about breastfeeding. Unfortunately, she returned to the work force and was unable to attend any more followup sessions. After several attempts to find a replacement peer counselor, other followup group sessions were conducted without one. These groups always included someone who had previous breastfeeding experience, which she described to the group. These accounts helped identify breastfeeding advantages and concerns and prompted information sharing among participants.

Initially, there was a high "no show" rate at the breastfeeding followup sessions. The demonstration coordinator identified and used an incentive which overcame this problem and resulted in an average of eight women attending out of 10 scheduled. Followup sessions were scheduled on days preceding standard voucher issuance days. Thus, women attending such a session received their vouchers early and did not have to wait in line.

Supporting these efforts, five breastfeeding videos in English and Spanish were played two to three times a week on voucher pickup days, when the largest number of participants were at the WIC office. On these days, the senior nutritionist was available to answer questions about breastfeeding.

During the demonstration, the site arranged for the pro bono development and broadcast of public service announcements (PSA's) promoting breastfeeding in English and in Spanish. These were broadcast on all major western Massachusetts radio stations as well as the Hartford, Connecticut, Spanish-language radio station.

These spots were aired at different times of the day and on different days of the week.

3. In-hospital Activities

a. Previous Efforts

Prior to the demonstration the site did not have any in-hospital breastfeeding promotion activities.

b. Intervention Activities

Providence Hospital sponsors a set of breastfeeding activities which could have been offered to WIC women who delivered there. Hospital-sponsored activities included using breastfeeding videos, in English and Spanish, with patients before and after delivery; instruction from staff nurses in basic breastfeeding positions, frequency of nursing, and ways to deal with any problems women might have during those first days at home (sore nipples, engorgement, and expressing milk); and utilization of a certified lactation consultant and childbirth educator (employed by the Holyoke Pediatrics Association) to discuss positioning and timing.

The site had proposed to implement two major in-hospital activities in addition to fostering the development and distribution of a breastfeeding discharge package. Their plan to use trained volunteers to conduct hospital visits to promote and support breastfeeding was dropped soon after the baseline period began because Providence Hospital refused to consider the idea. A bilingual flip chart to improve communications between Hispanic WIC participants and hospital nurses was not developed because topics in addition to breastfeeding were deemed necessary and the effort was considered too time-consuming. Instead, as described in the coordination component, breastfeeding guidelines in English and Spanish have been outlined for use by nurses and postpartum women.

Not planned, but furthering the relationship between WIC and Providence Hospital, WIC provided surplus T-shirts with the English or Spanish

breastfeeding logo to Providence. Nurses distributed those T-shirts to breastfeeding women.

Furthermore, Providence Hospital is cooperating with the breastfeeding task force in developing a breastfeeding discharge package. When informational items for the package are complete and other items have been ordered, hospital staff have agreed to distribute such packages. Hospital volunteers will be assembling these packages.

4. Other Postpartum Activities

a. Previous Efforts

Prior to the intervention, other postpartum activities included certification appointments and counseling for postpartum women approximately 22 days after delivery. In addition, bilingual literature on breastfeeding was distributed to postpartum women and referrals made to relevant health and social service agencies for assistance and support on breastfeeding issues. This included referrals of Hispanic women to the Center for Education During Pregnancy (CEDE).

b. Intervention Activities

Postpartum women and their babies were seen at the WIC clinic within the first month, and sometimes as early as the first week. At this visit, the nutritionist helped with any breastfeeding problems. Also, referrals were made to the Holyoke Visiting Nurses Association (VNA), CEDE, and other agencies for additional breastfeeding support as needed. Nurses from VNA and case managers from CEDE provide inhome assistance. A WIC bilingual staff person to answer telephone calls about breastfeeding was proposed, but never hired.

C. Demonstration Results

1. Breastfeeding Rates

Exhibit IV-5 shows the percentage of infants who were ever breastfed, and who were breastfed at hospital discharge, at 6 weeks, and at 3 months of age in both the baseline and intervention samples. The table shows

EXHIBIT IV-5

Percentage of Infants Breastfed

Holyoke, Massachusetts

	Baseline Sample		Intervention Sample	
	N	%	N	%
Breastfed at Some Time	23	30	62	49
Never Breastfed	53	70	65	51
Total	76	100	127	100
At Hospital Discharge				
Breastfed Exclusively	12	16	27	21
Mixed Breastfed and Formula-fed	10	13	33	26
Formula-fed Exclusively	54	71	69	53
Total	76	100	129	100
At 6 Weeks				
Breastfed Exclusively	5	7	12	9
Mixed Breastfed and Formula-fed	9	12	26	20
Formula-fed Exclusively	62	81	91	71
Total	76	100	129	100
At 3 Months				
Breastfed Exclusively	1	1	4	3
Mixed Breastfed and Formula-fed	5	7	17	13
Formula-fed Exclusively	70	92	109	84
Total	76	100	130	100

N = number

that 49 percent of infants in the intervention sample versus 30 percent of the infants in the baseline sample were breastfed at least once. This was a statistically significant difference. A slightly larger percentage of infants in the intervention sample were breastfed at hospital discharge, at 6 weeks, and at 3 months than those in the baseline sample. Only the difference between the groups at hospital discharge was statistically significant.

2. Other Outcomes

The task force established in the demonstration is expected to continue. In November 1989, the task force decided that the demonstration coordinator should no longer serve as chair and that a hospital representative should be appointed. As of April 1990, the task force does not have a chairperson. However, important work yet needs to be done by the task force--most notably, finalizing the bilingual breastfeeding guidelines for hospital nurses and Hispanic WIC participants, and completing the informational materials to be included in breastfeeding discharge packages to be distributed by Providence Hospital.

Due to the success of breastfeeding followup groups with prenatal participants, these will be continued. In addition, WIC staff will explore creating a prenatal package. Preliminary contents of the package include a T-shirt, breastfeeding information, prenatal nutrition information, and information on child care.

3. Effectiveness of Specific Activities

Exhibit IV-6 summarizes breastfeeding promotion and support activities at the Holyoke site. Ratings of their effectiveness as judged by demonstration staff are also shown. The coordinating committee has made major strides during the demonstration to promote and support breastfeeding. "Moderately effective" ratings have been given to several activities in the coordinating component because they have yet to be finalized. When they are, it is anticipated that they will be important for increasing breastfeeding incidence and duration of WIC participants.

Also, the breastfeeding followup groups held for prenatal women were effective. Everyone in the group

EXHIBIT IV-6

Summary of Major Breastfeeding Promotion and Support Activities

Holyoke, Massachusetts

	Very Effective	Moderately Effective	Not Effective
Coordination Component-Overall	X		
1. Hospital breastfeeding policies	X		
2. Breastfeeding discharge package outline		X	
3. Bilingual breastfeeding guidelines outline		X	
4. Community information package		X	
5. Breastfeeding conference		X	
6. Breastfeeding resource list	X		
Prenatal Component-Overall		X	
1. Prenatal certification groups	X		
2. Infant feeding followup groups		X	
3. Use of peer counselors			X
4. Public service announcements		X	
5. Videos in English and Spanish		X	
In-hospital Activities-Overall			X
Other Postpartum Activities-Overall		X	
1. Early certification and assistance with breastfeeding problems		X	
2. Referrals to other community organizations for breastfeeding support		X	

was able to ask questions or discuss topics related to breastfeeding that might not have been covered by the group coordinator. Demonstrations were conducted in appropriate languages. Women were able to share their own experiences and learn from others. Many women gained support and confidence that they needed. Issuing vouchers a day early was an effective incentive for women to attend a breastfeeding followup class. Most people like to receive a reward for doing something extra.

4. Lessons Learned

- Local agency and staff support should be obtained before attempting any type of breastfeeding intervention.

- To influence hospital practices and improve coordination between WIC and hospitals where WIC participants deliver, it is necessary to develop rapport with hospital administrators.

- A needs assessment should be conducted to determine why women do not initiate or continue breastfeeding. For example, if a woman does not want to initiate breastfeeding because no one in her family has done it successfully, an intervention component might be to organize family breastfeeding education sessions.

- Breastfeeding information should be made available to women before they become pregnant. The information can be displayed in high school health classes, work places, and apartment complexes.

- Accurate records should be maintained, especially when dealing with a mobile population. Thus, addresses and phone numbers should be regularly updated and phone numbers for relatives, friends, and neighbors should be obtained to increase WIC staff's ability to contact its participants on a timely basis.

COLUMBIA/BOONE COUNTY WIC PROGRAM
COLUMBIA, MISSOURI

Local Agency:	Columbia/Boone County Department of Health Columbia, Missouri
Type of Agency:	County Health Department
Service Site:	Columbia/Boone County WIC Program Columbia, Missouri
Location:	Large town with surrounding rural area
Caseload:	April 1988: 1,239 (Priorities I-V) April 1989: 1,485 (Priorities I-V)
Ethnic/Racial Mix:	White - 63%; Black - 19%; Asian - 9%; Other - 9%
Food Distribution System:	Retail purchase, vouchers issued monthly
Site Staff During Intervention:	Program Coordinator (1 full-time), Nutritionist (1 full-time), Nurse (1 full-time), Nutrition Educator (1 part-time), Clerks (2 full-time, 1 part-time), Lactation Consultant (1 part-time), Peer Counselors (6 part-time)

A. Context

1. Site Location

This program is located in Columbia, Missouri, which is the location of the largest campus of the University of Missouri. The program serves all of Boone County. There is one satellite location in the county, but it was not part of the project. The university includes a major research hospital, which is where most WIC participants deliver their babies. There is also a smaller hospital (Boone Hospital Center) which is used by some participants. The program integrates its services on a limited scale with well baby/pediatric and family planning/prenatal services offered by the Columbia/Boone County Department of Health.

2. Participant Characteristics

Participants came from a variety of ethnic and language backgrounds. Included in the caseload were a significant number of Black participants. There were also smaller numbers of participants from Arabic and Spanish-speaking countries as well as from Korea, Nigeria, Thailand, China, and other countries.

3. Community Attitudes and Hospital Procedures

The staff at the university hospital had some policies and procedures in place which complicated the work of the project. For example, doctors at the hospital routinely issued women prescriptions for birth control pills before they left the hospital. Coordination was hindered because the hospital would not allow day shift nursing staff travel time to attend meetings of the Breastfeeding Coordinating Group. The hospital also failed to notify WIC staff of WIC deliveries, except in four cases.

4. Special Characteristics of the WIC Site

Project staff had considerable difficulty in identifying, recruiting, and retaining peer counselors from appropriate ethnic groups. Each peer counselor received a stipend of $30 per month to help pay for a telephone, a babysitter, and travel to the WIC clinic.

5. Baseline Breastfeeding Rates

In the baseline period, 43 percent of the mothers breastfed at least once. At 6 weeks after birth, 33 percent of the baseline group were doing at least some breastfeeding, and at 3 months 23 percent were doing at least some breastfeeding.

B. Breastfeeding Promotion and Support Activities

1. Coordination Component

a. Previous Efforts

Prior to the demonstration, nurses' home visits and health department clinic visits were supportive of breastfeeding. However, there was no formal coordination of breastfeeding promotion and support activities.

b. Demonstration Activities

A breastfeeding promotion committee was formed which was composed of 11 members including five from the WIC clinic (the coordinator, nutrition educator, nutritionist, lactation consultant, and one peer counselor); one other person from the Columbia/Boone County Department of Health (the chief of clinic and nursing services); three from the university hospital (nurse practitioner--OB/GYN; staff nurse--Women's Health Care Unit; staff nurse--Newborn Nursery); one from the university (clinical instructor--School of Nursing); and one from the other local hospital (staff nurse--Obstetrics).

The committee met 14 times during the demonstration period. At the average meeting, eight members attended, with the two staff nurses from the university hospital being those least likely to attend. Written reminders were sent to encourage attendance at the meetings.

The major accomplishments of the breastfeeding promotion committee were:

- Obstetricians and pediatricians were notified of the breastfeeding demonstration.
- Two newspaper articles were prepared and one radio interview was performed to inform the public of the breastfeeding grant.
- Hospital-based committee members directed their staffs to notify the WIC staff when a WIC participant delivered her baby.
- Community awareness of the breastfeeding demonstration was increased by contacting several community agencies which provide services to breastfeeding women. In turn, information was gained about community practices concerning the teaching of breastfeeding. The community resources contacted were:
  - Secondary Learning Center (an alternative public high school which many pregnant and postpartum teens attend)

- Boone Hospital Center dietitians
- Nutrition instructors at the University of Missouri at Columbia

o Committee members reviewed the following:

- International Code of Marketing of Breastmilk Substitutes
- UNICEF video, "Breastfeeding the Low Birth Weight Baby"
- San Diego's "Well Start Program"
- WHO/UNICEF's "Ten Steps to Successful Breastfeeding"

In addition, committee members were sensitized to serious barriers to breastfeeding (e.g., routine birth control prescriptions), and initiated changes on such policy-related barriers.

2. Prenatal Component

a. Previous Efforts

Prenatal classes were offered monthly to all prenatal women, as part of the food voucher pickup. There was a 6-month topic rotation, and two of the topics concerned breastfeeding ("How to Breastfeed" and "The Decision to Breastfeed"). The classes were approximately 20 minutes long, and had up to 20 participants per session.

Health professional staff also encouraged pregnant women to breastfeed at the initial contact appointment. In addition, health professionals had monthly individual discussions with women when they were weighed, and they were readily available to discuss concerns and answer questions. Attractive posters promoting breastfeeding were displayed in the waiting room.

b. Intervention Activities

In addition to the activities performed prior to the intervention, the following activities were performed as part of the prenatal intervention:

- Peer counselors were added to prenatal and breastfeeding classes.

- Peer counselors and the lactation consultant were available during clinic hours for individual consultation.

- The lactation consultant contacted prenatal women by telephone and made home visits.

- Breastfeeding information was discussed and distributed by WIC health staff to participants at 32 to 34 weeks.

Whenever possible, peer counselors were matched with participants in terms of ethnicity and language. There were peer counselors from various ethnic/language groups (Black, Arabic, Korean). If no peer counselor was available who spoke the participant's language, the participant was assigned to an English-speaking counselor. Although peer counselors were given stipends for transportation and babysitting, there were some problems with attendance, and counselors often brought their children. Thus, it was sometimes difficult for peer counselors to watch their own children and talk to participants at the same time. Peer counselors also sometimes lacked assertiveness in making participant contacts.

The lactation consultant attempted to make a prenatal home visit to all first-time mothers, and to any other mothers who welcomed a visit. Mothers who had previous breastfeeding success typically did not need a visit by the lactation consultant. A total of 84 such visits were made. During the visit the consultant met the family, reviewed readiness for breastfeeding, discussed problems, and gave reassurance.

The lactation consultant had some trouble conducting home visits because many participants did not have telephones and because some participants gave incomplete or incorrect addresses. In order to deal with this problem, WIC staff confirmed and/or updated addresses with participants at the last clinic appointment before the home visit. The site also requested telephone numbers of relatives or contacts if the participant had no telephone.

The breastfeeding material distributed at 32 to 34 weeks included a postcard, a pamphlet entitled "Breastfeeding: Baby's Best Start," and an information sheet entitled "What Should I Expect in the Hospital." The site had some trouble in selecting inexpensive participant-appropriate pamphlets, and in establishing consistency among staff members in delivering this intervention. However through the use of monthly staff meetings and a special 1-day training session in St. Louis, health staff became more consistent and effective.

3. In-hospital Activities

a. Previous Efforts

Prior to the intervention, WIC had no in-hospital breastfeeding promotion or support activities.

b. Intervention Activities

In the intervention period, the following activities were performed:

- A list of upcoming WIC deliveries was given to the hospitals to encourage notification of WIC staff and the lactation consultant.
- Participants were given postcards to notify WIC staff of the birth of their babies.
- The lactation consultant made informal contacts with WIC participants in the hospital.

The first two activities were relatively unsuccessful. The hospital only notified WIC staff four times of the delivery of babies. Also, participants returned only 20 of the postcards, often several weeks after delivery. However, the lactation consultant was working in the university hospital as part of another job, and reported most of the births to the WIC clinic. She also spoke to a number of the mothers prior to hospital discharge.

4. Other Postpartum Activities

a. Previous Efforts

Postpartum classes were offered to all breastfeeding women as part of monthly food voucher pickup. The women were scheduled to begin these classes the month after WIC postpartum certification. Classes were offered on a 5-month cycle, and all included breastfeeding materials. Topics included "Hand Expression and Storage of Breastmilk," "Managing Work, School, and Breastfeeding," "Problems in Breastfeeding," "Solid Foods for Baby," and "Nutrition and Breastfeeding." The average class included 10 women. These classes allowed participants time to discuss their problems and concerns, and provided for peer support.

b. Intervention Activities

In addition to the activities performed prior to the intervention, the following postpartum activities were performed for breastfeeding mothers:

- Peer counselor contact was made by phone, two to three times the first month, and monthly thereafter. If the participant had no phone, the only peer counselor contact was at the monthly WIC visits.

- One home visit or telephone call to each breastfeeding woman was made by the lactation consultant. In a few cases, she also made followup visits.

- Individual counseling by the WIC nutritionist or nurse was given once when the baby was added to WIC, and at monthly WIC visits if needed.

Peer counselor contact was usually made approximately 1 week after delivery. The original plan was for counselors to contact participants within 48 hours, but this was not practical because of difficulties in finding out about deliveries and problems in contacting peer counselors. There were also some problems in matching ethnic/language groups of counselors and

participants. When the Korean peer counselor resigned, the Arabic peer counselor volunteered to work with Korean participants. However, at least two Korean participants found this arrangement to be unsatisfactory.

The individual counseling by the lactation consultant was very positively viewed by mothers, especially when it was supported by followup activities. The postpartum breastfeeding classes were excellent for giving support for long-term breastfeeding, but they were not offered soon enough to address the needs of women in the first 6 weeks after delivery.

C. Demonstration Results

1. Breastfeeding Rates

Exhibit IV-7 shows the percentage of infants who were breastfed at least once, at hospital discharge, at 6 weeks, and at 3 months of age, both in the baseline and intervention samples. The data show that a slightly larger percentage of infants were breastfed at least once in the intervention sample as compared to the baseline sample. The difference was not statistically significant, however. There were also no statistically significant differences between the two groups at hospital discharge, at 6 weeks, or at 3 months.

2. Other Outcomes

There were a number of positive results of the intervention period which did not relate directly to breastfeeding rates. These included:

- changes in hospital policy concerning routine issuance of birth control prescriptions
- greater interest by hospital personnel in breastfeeding promotion (e.g., the director of clinical practice called project personnel and has been very supportive)
- improved communication between WIC staff and hospital personnel

EXHIBIT IV-7

Percentage of Infants Breastfed

Columbia, Missouri

	Baseline Sample		Intervention Sample	
	N	%	N	%
Breastfed at Least Once	31	43	78	51
Never Breastfed	41	57	76	49
Total	72	100	154	100
At Hospital Discharge				
Breastfed Exclusively	23	32	51	36
Mixed Breastfed & Formula-fed	7	10	10	7
Formula-fed Exclusively	42	58	79	56
Total	72	100	140	100*
At 6 Weeks				
Breastfed Exclusively	15	21	24	17
Mixed Breastfed & Formula-fed	9	12	17	12
Formula-fed Exclusively	48	67	99	71
Total	72	100	140	100
At 3 Months				
Breastfed Exclusively	6	8	16	11
Mixed Breastfed & Formula-fed	11	15	17	12
Formula-fed Exclusively	55	76	107	76
Total	72	100*	140	100*

*Percentages may not sum to 100 due to rounding.
N = number

- o improved communication between WIC staff and participants due to efforts of peer counselors
- o improved communication between WIC staff and the teen mothers program within the local school system
- o greater knowledge by all WIC staff of breastfeeding information and issues
- o the professionals involved with the project increased their commitment to promote and support breastfeeding
- o increased self-esteem of peer counselors
- o the elimination of formula advertisements from the WIC clinic
- o a change in perception, such that WIC staff are getting to be known as "the people who encouraged me to breastfeed"

Also, as a result of the intervention, prenatal and postpartum contacts by peer counselors have become part of the regular program routine, and the breastfeeding educator has been providing individual counseling. Finally, for women who want to use birth control pills, use of the mini-pill is being recommended, but only after breastfeeding is established (6 weeks or later).

3. Effectiveness of Specific Activities

Exhibit IV-8 summarizes the activities which were performed in the intervention and their levels of effectiveness as rated by demonstration staff. The following components of the intervention were most effective:

(a) The lactation consultant proved invaluable because:

- o she was able to notify the WIC staff of deliveries at the primary hospital very quickly, since she already spent a lot of time at that hospital. This facilitated quick contact with participants after delivery.

EXHIBIT IV-8

Summary of Major Breastfeeding Promotion and Support Activities

Columbia, Missouri

	Very Effective	Moderately Effective	Not Effective
Coordination Component-Overall (Breastfeeding Promotion Committee)	___	X	___
Prenatal Component-Overall	___	X	___
1. Group classes	___	X	___
2. Peer counseling (on-site and telephone)	___	X	___
3. Home visits by lactation consultant	X	___	___
4. Information distribution by WIC health staff	___	X	___
In-hospital Activities-Overall	___	X	___
1. Hospital notification of WIC deliveries	___	___	X
2. Postcards for participant return	___	___	X
3. Informal contacts by lactation consultant	X	___	___
Other Postpartum Activities-Overall	X	___	___
1. Group classes for breastfeeding mothers	X	___	___
2. Peer counseling (on-site and telephone)	___	X	___
3. Home visits by lactation consultant	X	___	___
4. Individual counseling by WIC health staff	___	X	___

- she provided professional advice for a large variety of participant concerns which could not have been adequately handled by the less experienced, less qualified peer counselors.
- she provided participants with individualizedattention which WIC staff could not provide(e.g., home visits, phone calls).
- she was a source of information and support for WIC staff.

(b) Peer counselors seemed to be most effective when:

- they had a chance to actively participate in prenatal classes.
- they were assertive and outgoing during WIC clinics.
- they had a knowledge of different languages and customs. (The Arabic-speaking counselor reached many women who could not have been helped otherwise due to language barriers.)
- they provided telephone contact rather than when they were at the WIC clinic site.

The least effective components of the intervention were:

- formal notification from the hospitals of WIC births.
- postcards given to mothers to be mailed after delivery.

The WIC clinic has not completely given up on the use of postcards, however. Consideration is being given to adding an incentive (such as a gift basket of baby items) if the postcard is mailed within 48 hours of delivery.

4. Lessons Learned

There were a number of lessons learned from the Columbia/Boone County demonstration project. These include:

- Significant time is needed to plan and coordinate breastfeeding promotional and support activities.

- Everyone on staff needs to know about the project and agree to carry out policies and procedures.

- It is extremely important to be aware of community attitudes and hospital policies and practices concerning breastfeeding.

- It is important that people in key positions in the medical community be supportive of breastfeeding, and if possible be part of a breastfeeding promotion committee.

- Consistent and accurate information about breastfeeding should be given out to the community.

- Lactation consultants and peer counselors become more effective over time as they become better known and more confident.

- Individual counseling of breastfeeding women, though time-consuming, can be very effective.

- Breastfeeding classes are most effective if they are started as soon as possible after delivery.

- Women can be persuaded to breastfeed when they are uncertain about their method of infant feeding.

- Attitudes of health care providers influence women's decisions regarding infant feeding.

- Perceptions about infant feeding practices change slowly (e.g., some physicians at the university hospital are beginning to recognize their lack of knowledge about breastfeeding techniques).

CHEROKEE NATION HASTINGS WIC PROJECT
TAHLEQUAH, OKLAHOMA

Local Agency:	Cherokee Nation WIC Program Tahlequah, Oklahoma
Type of Agency:	State WIC Agency
Service Site:	WIC Project at W.W. Hastings Indian Health Service Hospital Tahlequah, Oklahoma
Location:	Small town, surrounding rural area
Caseload:	April 1988: 1,068 (Priorities I-VI) April 1989: 1,298 (Priorities I-VI)
Ethnic/Racial Mix:	Native American - 98.5%; White, not Hispanic - 1.5%
Food Distribution System:	Retail purchase, vouchers issued bimonthly
Site Staff During Intervention:	WIC Director/Project Administrator (1 part-time WIC Nutrition Assistant/Project Site Director (1 full-time), WIC State Nutrition Coordinator/Peer Group Education-Technical Advisor (1 part-time), WIC Community Nutrition Workers (2 part-time), Peer Counselors/WIC Breastfeeding Participants (7 part-time)

A. Context

1. Site Location

The Hastings WIC Project serves an area with a population base of less than 10,000. Employment opportunities are limited, resulting in relatively high unemployment. There are two major employers: Cherokee Nation and Northeastern State University.

The Hastings WIC Project is considered a service unit within the Hastings Indian Health Service Hospital. The hospital provides a full complement of inpatient and outpatient services. It has the second highest birth rate of the Indian Health Service hospitals. All WIC prenatals deliver at Hastings Health Service

Hospital unless there are more births than the hospital can handle. In such cases, WIC prenatals are sent to a private hospital. Some WIC participants travel as much as 65 to 70 miles to come to the WIC clinic/hospital.

2. Participant Characteristics

Almost all participants (98.5 percent) were Native Americans. The others were women who have married into Indian families. Modesty is a significant concern for Native American women considering breastfeeding.

3. Community Attitudes and Hospital Practices

When the intervention began, a few members of the nursing staff at the hospital were opposed to exclusive breastfeeding during the hospital stay. Formula was routinely given to supplement breastfeeding babies. During the late summer and early fall of the intervention period, a large number of project participants began to deliver. This resulted in an overcrowding of the obstetrics (OB) ward and the adoption of a 24-hour discharge policy by the hospital. (Furthermore, due to the overcrowding, several project participants delivered at a private hospital.) Because of the new discharge policy, mothers felt overwhelmed by the breastfeeding information given to them in so short a time. Also, mothers were sent home before their breastmilk came in. This interfered with the education process because many of the participants did not have telephones for postpartum followup.

4. Special Characteristics of WIC Site

There was no turnover of any WIC staff during the demonstration.

5. Baseline Breastfeeding Rates

Thirty-nine percent of WIC women breastfed at least once. At 6 weeks, 24 percent did at least some breastfeeding. By 3 months, 16 percent of women breastfed their infants at least some of the time.

B. Breastfeeding Promotion and Support Activities

1. Coordination Component

a. Previous Efforts

Prior to the demonstration, there was no coordination of breastfeeding promotion.

b. Demonstration Activities

To begin coordination for the demonstration, the WIC site staff talked to doctors and other health care providers to identify health professionals who were pro-breastfeeding, against breastfeeding, and middle-of-the-road in their views about breastfeeding. From those names, committee members were chosen to reflect various opinions about breastfeeding and various health provider roles. The 14-member committee included the WIC nutrition coordinator, obstetricians, nurses, pediatricians, pediatric nurses, and the hospital administrator. The purposes of the committee were to coordinate activities in the hospital, address the special concerns of hospital staff, and provide feedback at scheduled meetings.

The committee met four times--once in December 1988, just prior to the intervention, and three times during the intervention period. Average attendance was 50 to 60 percent of committee membership. Everyone on the committee attended at least one meeting.

c. Accomplishments

At the beginning of the intervention, WIC site staff developed a handbook to promote awareness of the project within the hospital. Physicians and nurses agreed to make breastfeeding promotion a standard part of each prenatal visit.

The professional advisory committee was responsible for the following accomplishments:

- A breastfeeding class was added to the prenatal education program. A weekly half-hour class was presented for all prenatal women at 24 weeks gestation.

- Space for the prenatal class and for postpartum teaching was allocated on the OB ward.

- A nipple assessment was made part of the second trimester physical exam for women. Those with flat or inverted nipples were referred to WIC.

- A greater awareness of breastfeeding promotion activities and a "team atmosphere" were created.

2. Prenatal Component

a. Previous Efforts

As part of the initial prenatal hospital workup, the hospital clinical dietitian referred women in their first trimester to the WIC program, where the nutrition assistant discussed the benefits of breastfeeding. During the second trimester, a community nutrition worker provided additional information on breastfeeding, and suggested the availability of a resource group in the local community (La Leche). During the final trimester, each pregnant woman received another contact which sometimes included a breastfeeding instructional film and breastfeeding handouts. Overall, prior to the demonstration, there was a policy in place to encourage breastfeeding, but the efforts were basic and minimal.

b. Intervention Activities

Group Class with Peer Involvement. A new weekly breastfeeding class was conducted by the WIC nutrition assistant for prenatal women at 24 weeks. The WIC nutrition assistant also enrolled prenatals in WIC which provided another opportunity to discuss breastfeeding. Effective class teaching aids included a pamphlet, "Breastfeeding," adapted from the New Mexico WIC Program. Other teaching aids included a doll and a model of a breast. A teaching technique that worked well was to list advantages and disadvantages of breastfeeding identified by class participants on a blackboard. Thus, participants could see how many more advantages there were to breastfeeding.

Seven peer counselors were selected from women identified as breastfeeders during the 3-month baseline data collection period. By the end of the intervention, there were 10 peer counselors. All were trained in several sessions by the WIC nutrition coordinator. Training included basic physiology of the woman's breast and infant's mouth, breastfeeding techniques and positioning, identification of problems and their solutions, and interviewing and counseling techniques.

Most intervention women did not talk to peer counselors in the prenatal breastfeeding class. This was the case because peer counselors did not begin attending such classes until the classes were coordinated with their voucher pickup. This occurred late in the intervention period.

Incentives. To increase attendance at the prenatal breastfeeding classes, both the prenatal women and the breastfeeding peer counselors were encouraged to pick up their WIC vouchers on the same day.

Other Breastfeeding Promotion Contacts. In addition, the WIC community nutrition workers provided breastfeeding information at regular prenatal WIC visits. Appropriate educational materials were organized for these WIC counselors by the WIC nutrition assistant. Such materials were attached to the WIC vouchers to ensure that counselors reviewed the materials with the prenatal women. Materials reviewed and participants' interest were documented.

Training. The breastfeeding project staff and the prenatal family nurse practitioner attended a 2-day workshop titled "Breast Investment: Networking for Successful Lactation Management and Support."

The Issue of Modesty. To address the concern about modesty by Native American women, a poster was designed and produced showing a Native American woman breastfeeding her baby discretely. The poster provided a good lead-in to discussions of this issue.

Breastfeeding Video. Due to cost and production time, a planned breastfeeding promotion video was

not completed. Instead, an existing breastfeeding video was used by the nurse midwife at the 36-week gestation prenatal class.

3. In-hospital Activities

a. Previous Efforts

Prior to the demonstration, little was done to support breastfeeding women. There were several nurses interested, but there were no policies to help. WIC staff made hospital rounds 3 to 4 days per week to certify infants, but did not provide breastfeeding support. An average stay for normal deliveries was 48 hours postpartum.

b. Intervention Activities

In-hospital activities included:

- To increase hospital support of breastfeeding, three different training sessions were held. The first two were

  conducted by the WIC nutrition coordinator. The last one was conducted by a lactation counselor from St. John's Medical Center. However, none of these sessions were well attended by nursing staff.

- OB ward rounds were made by the WIC nutrition assistant on the 5 weekdays to provide support and instruction in breastfeeding to new mothers. Early in the intervention period, the WIC nutrition assistant was uncomfortable in this role. However, with some experience and additional training, she developed an approach which was comfortable for the mothers and herself. Since the WIC nutrition assistant was usually the one who enrolled women in WIC and conducted the breastfeeding prenatal class, the WIC participants were comfortable with asking her for breastfeeding assistance. In the hospital, the WIC nutrition assistant gave the name of a peer counselor to breastfeeding women who had no relative or friend with breastfeeding experience.

- A breastfeeding "Help Book" was developed for use by nurses and WIC staff with new mothers. This book utilized a flip-chart format and included pictures of nursing mothers with simple instructions. Pictures of the nursing staff were included in the hope that mothers would feel more at ease in asking for assistance.

- A breastfeeding-oriented discharge packet was given to all mothers before they checked out of the hospital. In addition to nursing pads, baby poweder, shampoo, and lotion, the packet contained breastfeeding educational materials. These were a Cherokee Nation WIC Factsheet titled "Breastfeeding in the First Few Weeks" and a pamphlet titled "Breastfeeding those First Weeks at Home" published by Health Education Associates, Inc. Also included were support group contacts, a self-administered questionnaire, and a handout on development of infant feeding patterns.

- When the hospital instituted a 24-hour discharge policy as a result of overcrowding on the OB ward in the latter part of the intervention period, the breastfeeding promotion/support committee discussed the issue and encouraged the hospital to change the policy. Although the policy was not changed, the OB nursing staff began contacting the WIC nutrition assistant as early as possible when a breastfeeding mother was being discharged but needed additional help.

4. Other Postpartum Activities

a. Previous Efforts

Breastfeeding support and education were given at the 6-week postpartum WIC certification and during the 6-month breastfeeding certification period. Breastfeeding mothers might also have a WIC appointment before the 6-week postpartum appointment where they would also receive breastfeeding support.

b. Intervention Activities

- The WIC nutrition coordinator and the WIC nutrition assistant provided post-discharge follow-up by telephone at 10 days. They successfully reached 55 percent of the women in the intervention sample who breastfed at least once. This followup was especially difficult because of the short time period and the large number of deliveries in the late summer and early fall.

- A flowchart was developed to track deliveries, the followup contact at 10 days, and subsequent contacts at 3 to 5 weeks, 6 weeks, and 3 months.

- Peer counselors provided support to only a limited number of breastfeeding mothers who knew no one close with breastfeeding experience. Many participants had no phones so they could not be easily contacted. Furthermore, travel by peer counselors was difficult. Peer counselors were encouraged to meet on Wednesdays to participate in the prenatal classes on that day, and to pick up their own vouchers the same day. While Wednesday meetings proved useful, with bimonthly voucher pickup, it took time to implement the Wednesday system.

- A formula supplementation policy and a participant agreement were developed. Supplemental formula could be provided only after the participant read the agreement and understood the implications of supplementation and was trained by staff on how to supplement.

- Other breastfeeding support consisted of one-on-one counseling by a WIC community nutrition worker at 2, 4, and 6 months. Referrals were made to the WIC nutrition assistant when there were problems. The WIC nutrition assistant was often paged at the hospital to come to talk with a WIC breastfeeding woman.

C. Demonstration Results

1. Breastfeeding Rates

Exhibit IV-9 shows the percentage of infants who were ever breastfed, and who were breastfed at hospital discharge, at 6 weeks, and at 3 months of age in both the baseline and intervention samples. A slightly higher percentage of infants in the intervention sample was breastfed at least once, at hospital discharge, and at 6 weeks than in the baseline sample. The opposite was true at 3 months. None of the differences was statistically significant, however.

While concern of modesty by Native American women was addressed by the project in educational contacts and with the project-developed poster showing discrete breastfeeding, 28 percent of those who chose not to breastfeed cited modesty as the primary reason. Data for women who breastfed at least once (N=69) and received the following types of postpartum interventions are:

- in-hospital support contact by the WIC nutrition assistant--75%, N=52
- review of WIC breastfeeding flip-chart--22%, N=15
- issuance of breastfeeding discharge packet with nursing pads--70%, N=48
- a peer-support contact name provided--51%, N=35
- contact 10 days following hospital discharge--55%, N=38

2. Other Outcomes

- The incidence of breastfeeding among nonproject participants has increased as a result of project activities. Because it took a while to get all intervention activities in place, women entering WIC after the 4-month enrollment for the study were breastfeeding at higher rates than the study group.
- The project improved the communication in the hospital. The breastfeeding committee continues

EXHIBIT IV-9

Percentage of Infants Breastfed

Tahlequah, Oklahoma

	Baseline Sample		Intervention Sample	
	N	%	N	%
Breastfed at Least Once	35	39	69	42
Never Breastfed	55	61	94	58
Total	90	100	163	100
At Hospital Discharge				
Breastfed Exclusively	9	10	31	19
Mixed Breastfed & Formula-fed	24	27	32	20
Formula-fed Exclusively	57	63	100	61
Total	90	100	163	100
At 6 Weeks				
Breastfed Exclusively	5	6	13	8
Mixed Breastfed & Formula-fed	16	18	16	10
Formula-fed Exclusively	69	77	134	82
Total	90	100*	163	100
At 3 Months				
Breastfed Exclusively	8	9	10	6
Mixed Breastfed & Formula-fed	6	7	15	9
Formula-fed Exclusively	76	84	138	85
Total	90	100	163	100

*Percentage may not sum to 100 due to rounding.
N = number

to make recommendations to improve the project and keep breastfeeding promotion in the forefront.

- A hospital-grade breast pump was purchased for use by in-hospital mothers whose infants are sent to neonatal units at a hospital 80 miles away.

- As a result of the project, a supplemental formula policy has been established. Staff must provide education about the effects of the use of supplemental formula and both the staff person and mother must sign an agreement before supplemental formula can be issued for breastfed infants.

- The prenatal breastfeeding classes for prenatal women at 24 weeks have been incorporated into the site's regular WIC program.

- As a result of the WIC reauthorizing legislation which included breastfeeding promotion, a full-time breastfeeding coordinator is being incorporated into the program. Although this position will require coordination of breastfeeding efforts at several sites, many of the processes and materials developed as a part of this project will be utilized, including the hospital rounds to provide breastfeeding support and the professional advisory committee.

- Women who breastfed infants appeared to develop more self-confidence, which may contribute to future breastfeeding.

3. Effectiveness of Specific Activities

Exhibit IV-10 presents a summary of breastfeeding promotion and support activities undertaken during the intervention. The exhibit also includes site staff ratings of the effectiveness of the activities. Highlights include the following:

- Prenatal classes and in-hospital rounds were the most effective in promoting breastfeeding.

- Staff time devoted to breastfeeding promotion was more effective than materials, although the site noted that the breastfeeding poster and teaching aids help focus the project.

EXHIBIT IV-10

Summary of Breastfeeding Promotion and Support Activities

Tahlequah, Oklahoma

	Very Effective	Moderately Effective	Not Effective
Coordination Component-Overall	X		
1. Hospital policies and procedures	X		
2. Hospital outreach	X		
3. WIC staff/hospital nurse workshop		X	
4. Development/use of handbook		X	
5. Review of materials for participant appropriateness	X		
Prenatal Component-Overall	X		
1. Breastfeeding discussion during WIC enrollment	X		
2. Group classes	X		
3. Individual counseling	X		
4. Involvement of peer counselors in group classes	X		
5. Individual breastfeeding discussions at voucher pickup		X	
6. Development/display of breastfeeding poster		X	
7. Videos		X	
8. Brochure library		X	
In-hospital Activities-Overall		X	
1. Mail-back postcards		X	
2. Inperson breastfeeding support	X		

EXHIBIT IV-10 (Cont.)

	Very Effective	Moderately Effective	Not Effective
3. Development/use of flip-chart	___	X	___
4. Breastfeeding discharge packet	___	X	___
5. Given peer support mother name	___	X	___
Other Postpartum Activities- Overall	___	X	___
1. Flow-chart tracking system for deliveries and followup contacts	___	X	___
2. Certification with special emphasis on breastfeeding promotion	___	X	___
3. 10-day post-discharge telephone contact	___	X	___
4. Peer counselor support	___	___	X
5. Individual counseling	X	___	___
6. Lending library	X	___	___

- Given the time required for coordination, peer counselor support was the least effective component. Although the site indicated that the peer counselors were effective in providing a positive breastfeeding image at the prenatal classes, only 11 percent of the women who ever breastfed contacted the peer support mother after delivery.

4. Lessons Learned

- The breastfeeding promotion/support committee should include both workers to complete tasks and policy makers so that discussions can be translated into actions.

- The members of the committee should reflect pro-, anti- and middle-of-the-road attitudes about breastfeeding to enrich discussions of issues and develop concensus.

- Committee meetings should be timed to best accommodate busy schedules of members (e.g., on professional days).

- It is important to plan prenatal education, including breastfeeding by week of gestation in order to reduce duplication and ensure that the information is timely in terms of participant readiness. Materials reviewed with each participant and the extent of breastfeeding interest should be documented in the participant record.

- Time spent with new mothers prior to hospital discharge is very important for encouraging them to breastfeed, providing support, and answering questions. Followups at 2 weeks and 5 to 6 weeks postpartum are also important for additional support and encouragement.

- Staff are more effective than materials, but materials can give focus to discussions.

- Several training sessions for hospital staff should be conducted at different times to increase coverage. It is useful to train hospital staff who work on all shifts, especially night shifts, as they are often the ones who spend the greatest time with new mothers.

BUTLER COUNTY WIC PROGRAM
BUTLER, PENNSYLVANIA

Local Agency:	Family Health Council, Inc. Pittsburgh, Pennsylvania
Type of Agency:	Private, Nonprofit
Service Site:	Butler County WIC Program Butler, Pennsylvania
Location:	Small town with surrounding rural area
Caseload:	April 1988: 2,451 (Priorities I-VI) April 1989: 2,564 (Priorities I-VI)
Ethnic/Racial Mix:	White - 98%; Black - 1%; Hispanic - 1%
Food Distribution System:	Retail purchase, vouchers issued bimonthly
Site Staff During Intervention:	Nutritionists (2 full-time), Nutrition Assistants/Clerks (3 full-time), Peer Counselor (1 part-time)

A. Context

1. Site Location

This program is located in Butler, Pennsylvania, and serves all of Butler County. Butler County is north of Pittsburgh. It is economically mixed; the southern part consists of suburbs of Pittsburgh and is more affluent than the northern part, which is predominantly rural and poor. In 1980, Butler County had a population of 180,000. There is little public transportation in the county, and prenatal care is difficult to find. There is one hospital in Butler, but approximately half of WIC women deliver their children outside of the county (many go to Pittsburgh).

The Butler clinic is a full-time, full-service site. A variety of outside services are integrated with WIC, including Medicaid, Head Start, family planning, drug and alcohol, mental health, and other health and dental services. The Family Health Council (the program

sponsor) also provides adoption, genetic counseling, cancer screening, and AIDS-related services.

2. Participant Characteristics

Illiteracy is a significant issue for WIC participants at the Butler clinic. The staff had previously found that the use of graphics and flip charts was more effective than written material for this population. Many WIC participants also have problems with transportation, so they have difficulty getting to appointments and meetings.

3. Community Attitudes and Hospital Procedures

There is little if any prenatal care for poor women in Butler County, and thus many have emergency room deliveries. Prior to the project, relations between the WIC clinic and the local hospital were very limited. However, as a result of the project, the WIC staff became aware of breastfeeding classes being offered by the hospital, and sent some participants to those classes.

4. Baseline Breastfeeding Rates

In the baseline period, 34 percent of the mothers breastfed at least once. At 6 weeks after birth, 23 percent of the baseline group were doing at least some breastfeeding, and at 3 months 20 percent were doing at least some breastfeeding.

B. Breastfeeding Promotion and Support Activities

1. Coordination Component

a. Previous Efforts

Prior to the demonstration project, there was little formal coordination on breastfeeding between WIC and other agencies, such as the local hospital and social service agencies. Informal networking, however, occurred on a regular basis. The WIC site did work with the local La Leche League. La Leche representatives were periodically invited to speak during group education classes, and La Leche information and telephone numbers were available at the site.

b. Demonstration Activities

A breastfeeding coordinating group of 10 members was formed for the project. It included five persons from the WIC program (program coordinator, field supervisor, two nutritionists, and the peer counselor) plus representatives of the visiting nurses, the health department, the local hospital, the La Leche League, and a teen parenting program.

The coordinating group met together only once. Thereafter, members of the group maintained contact through telephone conversations and through attendance at Human Resource Council meetings. (The Human Resource Council included many of the same members as the breastfeeding coordinating group.) Scheduling of meetings was perceived as a major problem, and thus no additional meetings were held.

Although regular meetings were not held, the development of the coordinating group did allow:

- the channels of communication between organizations to open
- the people involved to become acquainted with each other and share resources
- the breastfeeding promotional activities of the organizations to be coordinated
- technical assistance to the peer counselor and other WIC staff to be received

For example, the WIC program found out about hospital-offered classes in breastfeeding through the group. The representative of the teen parenting program gave information concerning the schools to the WIC peer counselor, and the La Leche representative provided technical information used in developing a WIC breastfeeding video.

2. Prenatal Component

a. Previous Efforts

A prenatal questionnaire was given to each pregnant women during the certification

appointment. This questionnaire asked how the woman intended to feed her infant. A "triage" approach was then used. If she did not plan to breastfeed, a breastfeeding contact was done at the certification. If she did plan to breastfeed, there were two breastfeeding contacts, one at certification and one at a later time in the pregnancy.

In addition, pamphlets on breastfeeding were available in the waiting room, and breastfeeding information was included in group education classes. Classes lasted from 10 to 20 minutes, and included 12 to 15 participants per class.

b. Intervention Activities

In addition to the activities performed prior to the intervention, the followed prenatal activities were performed:

- o A pamphlet, "Facts on Breastfeeding for Dad," was distributed and discussed during the initial certification appointment.
- o Prospective fathers were invited to attend individual or group counseling sessions.
- o A peer counselor was employed to conduct group and individual breastfeeding promotion sessions.
- o A breastfeeding promotion video was developed for use in classes.
- o A knowledge question was utilized to measure the effectiveness of group sessions, and door prizes (layettes) were offered to encourage attendance.
- o Breastfeeding tips were included in the WIC bimonthly newsletter.
- o A "sharing board" was provided on which women could leave notes to each other concerning breastfeeding supplies, personal assistance, etc.

The use of these services by pregnant women varied considerably. There were 202 women in the

intervention sample. Of those women, the number and percentage who reported using the services were as follows:

- completed prenatal questionnaire - 202 (100%)
- received breastfeeding pamphlets - 158 (78%)
- received newsletter - 157 (78%)
- used sharing board - 157 (78%)
- attended group class - 153 (76%)
- received breastfeeding pamphlet for prospective fathers - 111 (55%)
- received verbal or written invitations for prospective fathers to attend sessions - 83 (41%)
- received individual counseling - 61 (30%)

The emphasis on services to prospective fathers deserves special mention. A survey was conducted by the agency in 1987 which showed that fathers had a strong influence on breastfeeding decisions. A pamphlet for prospective fathers was therefore developed, and prospective fathers were invited to all counseling and education sessions. However, relatively few prospective fathers (less than 10) did actually attend sessions.

The number of group classes attended during the intervention period varied based on the state of the pregnancy when the woman entered the program. Sessions were structured around voucher pickup, which was on a bimonthly basis. The group sessions were offered by a nutritionist or the peer counselor, and allowed for past and present breastfeeders to interact with potential breastfeeders.

The site originally planned to segregate pregnant and postpartum women for group classes. However, on the basis of sessions where the two groups had to be mixed and which were very successful, the project began to systematically use mixed groups.

The major issues in implementing group and individual classes were participant illiteracy, difficulties in scheduling, and the presence of infants and small children. The project used flip charts and verbal descriptions in addressing illiteracy, and dealt with scheduling problems by

having the peer counselor schedule appointments. The problem of having infants and small children present was addressed by keeping sessions short and highly focused.

In addition to the activities described above, the project also made available to participants videos for individual viewing and a library of breastfeeding materials. Surveys of participants showed that these services were not used, however. Also, as a result of the breastfeeding coordinating group, the WIC staff became aware of a breastfeeding class being offered by the local hospital. This class lasted for 1 to 1-1/2 hours, and typically included 20 to 25 people. Based on an agreement with the hospital, the fee was waived for WIC participants, and the peer counselor provided transportation for some participants to attend these sessions.

3. In-hospital Activities

a. Previous Efforts

Prior to the intervention, WIC had no in-hospital breastfeeding promotion or support activities.

b. Intervention Activities

At their final clinic visit before their expected delivery dates, all project women were given postcards and asked to return them soon after their babies were delivered. As an alternative, the women were asked to call the WIC clinic.

These techniques did not work as effectively as was hoped. The WIC staff used a variety of other mechanisms to learn of most WIC births (e.g., word-of-mouth, newspaper announcements, informal hospital contacts). The site is continuing to use postcards, however. The present procedure is to mail out postcards 1 week prior to the due date. The card includes breastfeeding tips and a statement asking the participant to call the WIC office to let them know about "the new arrival."

Although the WIC program did no in-hospital counseling, WIC staff did informally observe breastfeeding instruction and support being offered by nurses and practical nurses in the

local hospital. They rated such staff as being "knowledgeable and helpful" to breastfeeding mothers.

4. Other Postpartum Activities

a. Previous Efforts

At their postpartum certification visit, all women were given a questionnaire asking how they fed their infants, and who was most influential in deciding how to feed. This information was compiled in order to provide feedback concerning prenatal interventions. Support for breastfeeding women was also given in group education classes and in individual counseling sessions.

b. Intervention Activities

In addition to the activities performed prior to the intervention, the following postpartum activities were performed:

- The peer counselor attempted to contact all participants within 1 month of delivery to offer support.
- Individual counseling was provided inperson and via telephone by the peer counselor and other staff members.
- Breastfeeding tips were included in the WIC bimonthly newsletter.
- A "sharing board" was provided for women to exchange information.

In addition, and as with the prenatal women, the group classes were modified to include the peer counselor; door prizes for attendance; and a knowledge question. Because the group classes included both prenatal and postpartum women, the same classes served two functions.

The extent to which the various services were used by postpartum women varied. Of the 202 women in the intervention sample, the number and percentage who reported using the services were as follows:

- completed postpartum certification questionnaire - 202 (100%)
- used sharing board - 177 (88%)
- received newsletter - 177 (88%)
- received individual counseling - 140 (69%)
- received initial visit within 1 month - 108 (53%)
- received breastfeeding pamphlet - 107 (53%)
- attended group class - 82 (41%)

The project also made available to postpartum women the use of videos for individual viewing and a library of breastfeeding materials. Surveys of participants showed that these services were not used, however.

C. Demonstration Results

1. Breastfeeding Rates

The project collected outcome data on breastfeeding from 127 baseline sample participants and 202 intervention sample participants. Six-week and 3-month followup data, however, were available for only 136 intervention sample participants, because the remaining 66 women had infants who were too young (i.e., less than 6 weeks old).

The results of these measures are presented in exhibit IV-11. On all four measures, intervention-period participants had slightly higher rates of exclusive breastfeeding than did the baseline-period participants, but none of the differences were statistically significant. A statistically higher percentage of intervention-period participants did do at least some breastfeeding than did baseline-period participants, however.

The project also asked intervention sample participants to indicate the person who had had the most influence on them in deciding whether or not to breastfeed. Most respondents (53 percent) did not name anyone, but rather said they decided by themselves. For those who named someone else, the most frequent responses were the baby's father (14 percent), other relatives (10 percent), a doctor (9 percent), friends (4 percent), and a WIC nutritionist (3 percent).

EXHIBIT IV-11

Percentage of Infants Breastfed

Butler, Pennsylvania

	Baseline Sample		Intervention Sample	
	N	%	N	%
Breastfed at Least Once	43	34	87	43
Never Breastfed	84	66	115	57
Total	127	100	202	100
At Hospital Discharge				
Breastfed Exclusively	34	27	69	34
Mixed Breastfed & Formula-fed	7	6	18	9
Formula-fed Exclusively	86	68	115	5
Total	127	100*	202	100
At 6 Weeks				
Breastfed Exclusively	17	13	27	20
Mixed Breastfed & Formula-fed	13	10	26	19
Formula-fed Exclusively	97	76	83	61
Total	127	100*	136	100
At 3 Months				
Breastfed Exclusively	11	9	17	12
Mixed Breastfed & Formula-fed	14	11	26	19
Formula-fed Exclusively	102	80	93	68
Total	127	100	136	100*

*Percentages may not sum to 100 due to rounding.
N = number

2. Other Outcomes

In addition to improvement in breastfeeding rates, there were a number of other positive outcomes of the intervention. These included:

- improved communication between the WIC clinic and the local hospital
- the integration of WIC women into hospital-offered programs
- improved communication and sharing among WIC women based on group classes and use of the sharing board

In addition, and as a result of the demonstration, the Butler County WIC program intends to maintain all of the major components of the intervention. The major change at the end of the project involved the loss of the part-time peer counselor, and the hiring of a full-time staff member (a 10-year WIC veteran) as a breastfeeding coordinator/peer counselor for all nine of the clinics served by the agency in the five-county region.

3. Effectiveness of Specific Activities

Exhibit IV-12 summarizes the activities that were performed in the intervention and their levels of effectiveness as rated by demonstration staff. The major strength of the demonstration was in the variety of approaches used to promote and support breastfeeding. Different approaches appeal to different people, and by using various approaches, the project reached most of the participants.

The most successful approaches as indicated by participant use were:

- the breastfeeding pamphlet for prospective fathers
- group classes
- individual classes
- newsletters
- other breastfeeding pamphlets
- the "sharing board"
- classes at the hospital
- the breastfeeding video developed for the intervention

EXHIBIT IV-12

Summary of Major Breastfeeding Promotion and Support Activities

Butler, Pennsylvania

	Very Effective	Moderately Effective	Not Effective
Coordination Component-Overall (Breastfeeding Coordinating Group)	___	X	___
Prenatal Component-Overall	X	___	___
1. Group classes	X	___	___
2. Individual counseling	X	___	___
3. Newsletter	___	X	___
4. Sharing board	X	___	___
5. Pamphlets	___	X	___
6. Pamphlet for prospective fathers	X	___	___
7. Invitations to prospective fathers	___	___	X
8. Individual video watching	___	___	X
9. Breastfeeding library	___	___	X
In-hospital Activities-Overall	___	___	X
1. Postcards	___	___	X
2. Other contact mechanisms (e.g., word-of-mouth)	___	X	___
Other Postpartum Activities-Overall	___	X	___
1. Group classes	X	___	___
2. Individual counseling	___	X	___
3. Initial visit	___	X	___
4. Newsletter	___	X	___
5. Sharing board	X	___	___
6. Pamphlets	___	X	___

The aspects of the intervention that were least effective as indicated by participant use were:

- postcards announcing births
- the breastfeeding library
- invitations for prospective fathers to attend sessions
- telephone counseling

4. Lessons Learned

The lessons learned as a result of the Butler WIC project were as follows:

- Group classes composed of both pregnant and breastfeeding women can be highly effective.
- It is important to have a separate room in the clinic for breastfeeding promotion and counseling.
- It would be useful to offer some breastfeeding promotion classes in the evening.
- Breastfeeding instruction is more detailed than breastfeeding promotion, and thus requires longer classes.
- It is very useful to have a breastfeeding counselor who is of similar age of participants, who works full-time, and who knows the WIC system.

LA CROSSE WIC PROGRAM
LA CROSSE, WISCONSIN

Local Agency:	La Crosse County Health Department La Crosse, Wisconsin
Type of Agency:	County Health Department
Service Site:	La Crosse WIC Program La Crosse, Wisconsin
Location:	University town; population = 49,000
Caseload:	April 1988: 1,320 (Priorities I-V) April 1989: 1,817 (Priorities I-V)
Ethnic/Racial Mix:	White, not Hispanic - 63.2%;Asian/Pacific Islander - 36.2%; Native American - 0.6%
Food Distribution System:	Retail purchase, vouchers issued bimonthly
Site Staff During Intervention:	WIC Program Coordinator (1 full-time), Breastfeeding Educator (part-time), Nutrition Educators (2 part-time), WIC Clerk/Receptionist (1 full-time and 1 part-time), Bilingual Health Aide/Peer Counselor (1 part-time), Peer Counselors (3 part-time)

A. Context

1. Site Location

The La Crosse, Wisconsin, demonstration site is one of four sites operated by the La Crosse County Health Department. La Crosse, serving over 80 percent of the county's WIC participants, is located near the University of Wisconsin campus on a bus line, within a mile of the downtown area where many low-income people live. Three satellite clinics are located in outlying communities.

WIC participants deliver at Lutheran and St. Francis Hospitals. Outside services integrated with WIC include a health check program, Indo-Chinese screening clinic for followup, maternal and child-health parenting classes, and public health nursing followup.

2. Participant Characteristics

The site serves two major population groups. More than 60 percent of participants are white and an estimated 25 percent of them are drug abusers. More than 35 percent of the WIC participants are Indo-Chinese (Hmong). The Hmong have no written language and few can read English.

Hmong women enter WIC late in their pregnancies, therefore, it is difficult to schedule them for an infant feeding followup session before delivery. In addition, Hmong women traditionally do not initiate breastfeeding until their milk comes in, several days after delivery. (In Southeast Asia, another lactating woman would nurse the child until the mother could.) In this country, Hmong women sometimes bottle-feed exclusively in the hospital, then do a combination of breastfeeding and bottle-feeding after discharge. A few, however, do breastfeed in the hospital.

3. Community Attitudes and Hospital Practices

Both of the hospitals where WIC women delivered had demonstrated support for breastfeeding before the intervention period began. Staff from each hospital served on the La Crosse Breastfeeding Task Force, an initiative funded under a Ford Foundation grant, from 1983 to 1984. The duty of the task force was to promote breastfeeding in the La Crosse population. The task force disbanded in 1985. In 1986 St. Francis Hospital formed its own breastfeeding task force. This orgaization has conducted annual updates for community professionals since its inception. St. Francis Hospital has a full-time lactation consultant on staff. Services at Lutheran Hospital were more fragmented because of part-time staff. When the intervention period began, both hospitals were issuing formula discharge packages to breastfeeding women.

4. Special Characteristics of WIC Site

Some staff turnover occurred during the demonstration. Four months into the intervention the Hmong interpreter resigned and was replaced within 2 months. The nutrition educator responsible for the Hmong prenatal and postpartum activities left during the eighth month of the intervention, and was replaced immediately.

However, it took nearly 2 months to orient herself to the job and the Hmong people. Consequently, the site may have lost some mothers who may have breastfed.

The WIC coordinater and nutrition educator developed and used detailed procedures to implement the demonstration. This included written instructions for staff, written materials outlining the coordinating council, formal staff training, and the use of tickler files and tracking systems.

5. Baseline Breastfeeding Rates

For the baseline sample, 35 percent breastfed at least once. Twenty-three percent did at least some breastfeeding at 6 weeks postpartum, and 14 percent did at least some breastfeeding at 3 months.

B. Breastfeeding Promotion and Support Activities

1. Coordination Component

a. Previous Efforts

A breastfeeding task force was established several years earlier, but it no longer functioned. The task force was composed of area health professionals interested in breastfeeding issues. During the 2 to 3 years it functioned, the task force sponsored one breastfeeding program for La Crosse area health professionals, aired PSA's encouraging women to breastfeed, and basically sensitized WIC clinic staff to breastfeeding concerns.

b. Demonstration Activities

A 13-member breastfeeding coordinating council was organized. The council included three of the WIC key staff involved in the demonstration (the WIC program coordinator who chaired the council, the nutrition educator who was primarily responsible for services to Hmong participants, and the breastfeeding educator who was primarily responsible for services to the non-Hmong participants). The other 10 members of the council were dietitians, nurses, medical doctors, and lactation consultants, and they represented the two hospitals and other local health organizations.

These 10 individuals were recruited by the WIC coordinator using an initial mailing which described the project and functions of council members, followed by a personal solicitation to join the group. Once commitments were obtained, the WIC coordinator sent out another letter to collect information on a meeting time and day acceptable to the group. During the demonstration, the council met five times. At each session, a majority of members were in attendance.

c. Accomplishments

- There was improved communication among council members about breastfeeding promotion and support, including improved communication between WIC and the two local hospitals' staff. For example, nurses at one of the hospitals notified WIC staff before discharging two breastfeeding Hmong women so that they could receive additional assistance. In another case, when a WIC participant who delivered at the other local hospital needed a nursing supplementer, the WIC breastfeeding educator and the hospital lactation consultant collaborated to find her one.

- Both hospitals are considering discontinuing formula discharge packs for breastfeeding women. Members of the council provided information to hospital staff regarding the impact of the packs on breastfeeding duration. Furthermore, council members lobbied with their colleagues to generate additional support for removal of the packs.

2. Prenatal Component

a. Previous Efforts

Before the demonstration the site offered separate tracks of breastfeeding promotion activities for their non-Hmong and Hmong participants. At certification, non-Hmong participants completed a brief questionnaire covering breastfeeding knowledge and concerns and spent about 5 minutes with nutrition staff. Women who planned to breastfeed or undecided were scheduled for

30-minute appointments with the breastfeeding educator. Few came. Those who did were engaged in discussion about breastfeeding, given an information packet with the breastfeeding educator's card, and asked to call her soon after delivery. In addition, posters encouraging breastfeeding aimed at the non-Hmong participants were displayed in the waiting area.

Hmong participants were handled somewhat differently. At certification, nutrition staff spent about 5 minutes discussing plans for infant feeding and promoting breastfeeding. At least annually, the nutrition educator presented a class on breastfeeding and bottle-feeding. In addition, at Hmong community gatherings, the nutrition educator made 30-minute presentations on breastfeeding. Men in particular were targeted at these gatherings, since they appeared to have considerable influence in infant-feeding decisions.

b. Intervention Activities

An effective backdrop for intervention activities was the enthusiasm of nutrition staff in promoting breastfeeding. The site sponsored two, half-day inservice training sessions on breastfeeding for all project staff, including clerks since they are the first point of contact. In addition, nutrition educators attended breastfeeding conferences at St. Francis Medical Center, and the breastfeeding educator attended the UCLA breastfeeding educator certification course.

With regard to specific prenatal interventions, a two-page questionnaire (a modified version of the one used earlier) was completed by all prenatal, non-Hmong women. Nutrition staff spent approximately 5 minutes with each woman discussing infant feeding plans. An infant feeding followup session which emphasized breastfeeding was scheduled for 65 percent of the women. Seventy-three percent of the scheduled sessions actually occurred because the breastfeeding educator was persistent and often made two or three appointments before she actually got a participant to a followup session. At the end of a session, the participant was encouraged to

contact the breastfeeding educator with any additional questions and when she delivered.

Breastfeeding by non-Hmong prenatal women was also promoted in other ways. Posters depicting breastfeeding in a positive light were displayed in the waiting area, hallways, main office, and counseling rooms. A bulletin board with messages encouraging breastfeeding was also maintained and changed quarterly. Furthermore, three articles promoting breastfeeding were published in three issues of the monthly WIC newsletter which is distributed to participants.

Design of Hmong breastfeeding promotion activities began in October 1988 when the WIC nutrition educator and program coordinator conducted a survey of 48 Hmong WIC participants to determine their knowledge and attitudes toward breastfeeding. The information obtained was used in followup individual counseling sessions on infant feeding and in preparing a slide-tape presentation.

Prenatal breastfeeding promotion activities for Hmong participants began with a brief discussion of breastfeeding as the preferred method of infant feeding at certification. Hmong women were then scheduled for a followup infant feeding session that was conducted by one of four Hmong peer counselors. Each peer counselor successfully had breastfed in the United States and was trained by WIC staff to be a peer counselor. Furthermore, peer counselors met monthly to share information. Fifty-seven percent of Hmong women in the intervention sample saw a peer counselor.

In addition, the nutrition educator and a bilingual health aide conducted two group classes on breastfeeding while working and going to school. Discussions were lively and a number of issues was brought to the forefront. At the first class, presented in May 1989, the slide-tape was shown, then periodically shown in the waiting area on Hmong voucher issuance days.

Titled "A Special Feeling," the slide-tape shows two Hmong women discussing breastfeeding, including the issues of working while breastfeeding, breastfeeding in public, and the

health of the infant. Testimonials from peer counselors are also included. Forty-three percent of Hmong women in the intervention sample saw the slide-tape show.

For Hmong participants, three story-cloths depicting breastfeeding as part of everyday life were developed and displayed in the hallway/waiting area. Also placed there was a recognition board titled "Congratulations to Hmong Breastfeeding Women," which contained the names of the women who breastfed. (Permission was obtained from each woman before her name was added to the display.)

During the intervention, there were several deviations from the original plan. In an effort to break down socio-cultural barriers held by non-Hmong and Hmong participants, followup sessions were to be scheduled for all prenatal woman, not just those willing to consider breastfeeding or undecided. In addition, original plans called for the breastfeeding educator to contact non-Hmong participants 2 to 4 weeks before delivery to answer further questions. However, the infant feeding session appeared to be sufficient, and the staff felt that additional telephone contact might be intrusive and not needed.

3. In-Hospital Activities

a. Previous Efforts

There were no in-hospital breastfeeding promotion and support activities prior to the intervention.

b. Intervention Activities

Supervisory nurses at both hospitals were contacted during the baseline phase of the project regarding service coordination possibilities. A method of identifying WIC mothers was explored and rejected based on issues of confidentiality and fear of adding another task to an already high workload for nurses. Instead, participants were encouraged to contact the WIC office when they delivered.
Inaccurate projected delivery dates made it difficult to make early postpartum contacts with

WIC participants while they were still in the hospital. In July 1989, the breastfeeding educator began contacting the information departments of the two hospitals three times a week with a list of women due that week to learn if they had been admitted and were currently at the hospital. Of 58 women who delivered and breastfed, 24 percent received hospital contacts.

4. Other Postpartum Activities

a. Previous Efforts

Prior to the demonstration, La Crosse WIC staff conducted several activities to support breastfeeding by postpartum women. At recertification, the nutrition staff spent 5 to 10 minutes discussing each woman's current breastfeeding experience and answered questions concerning breastfeeding. Non-Hmong women experiencing difficulty with breastfeeding or who wanted additional information were referred to the breastfeeding educator for a 15 to 30 minute followup phone call or visit. In addition, the breastfeeding educator was available to English-speaking WIC participants on voucher issuance days to answer questions on breastfeeding, and the nutrition educator and bilingual health aide were available on Hmong voucher issuance days.

b. Intervention Activities

The breastfeeding educator telephoned 69 percent of non-Hmong postpartum women who had previously indicated that they would breastfeed or would consider breastfeeding. Additional contacts were made as needed during the first month postpartum to provide support. Followup was structured by a checklist to document contacts and questions and issues raised.

Thirty-nine percent of non-Hmong women were recertified within the target 1-month postpartum period, 25 percent were recertified later, and 36 percent were never recertified. At recertification, nutrition staff assessed how breastfeeding was proceeding and referred problems to the breastfeeding educator. Similarly, at voucher issuance the WIC clerk was alert to any

changes in the infant's food package and referred breastfeeding participants with problems to the breastfeeding educator. Incentive gifts developed by the State of Wisconsin WIC Program, and made available in September 1989, were distributed to women who had breastfed 1 month (cosmetic package) and 2 months (infant T-shirt).

Peer counselors were asked to make early postpartum contacts. Initially, peer counselors tried to telephone all Hmong participants because many would not tell WIC staff whether they planned to breastfeed or not. However, Hmong participants were unhappy about the postpartum followup calls, particularly those who were not breastfeeding. In the summer, peer counselors were directed to try to call only those women who had indicated that they might breastfeed. In the fall, after much discussion, the interpreter who was also a peer counselor was assigned to make most initial calls. She was very tactful and well-respected in the community and her tactfulness seemed to remedy the problem.

Overall, early postpartum contacts were made with 23 percent of Hmong participants. This rate of contact largely reflects the problem the nutrition educator had tracking due dates of Hmong women. After several site attempts to develop better procedures, in September 1989, the Wisconsin State WIC office began providing computer printouts which made followup, especially for Hmong participants, much easier. These printouts listed all prenatal women and their due dates, had an asterisk by the names of those who planned to breastfeed, and provided addresses and phone numbers for all women.

As with non-Hmong participants, recertification appointments were scheduled within 1 month postpartum. Fifty percent of the Hmong participants were recertified within the first month and 50 percent were never recertified. At each recertification appointment, nutrition staff assessed how breastfeeding was proceeding. Women with problems were referred to a peer counselor for followup. During the appointment, layettes prepared by area church women were given to breastfeeding Hmong participants. When State of Wisconsin incentive gifts were available in

September 1989, these were also given to Hmong breastfeeding participants. At monthly voucher issuance, the WIC clerk alerted the nutrition educator to food package changes occurring with breastfed infants.

C. Demonstration Results

1. Breastfeeding Rates

Exhibit III-13 shows the percentage of infants in the baseline and intervention samples who were breastfed at least once, at hospital discharge, at 6 weeks, and at 3 months. Although slightly higher percentages of infants in the intervention sample were breastfed at least once and at hospital discharge, no statistically significant differences were found between the two samples. Exhibit III-14 presents incidence and duration of breastfeeding for Hmong and non-Hmong groups in the intervention sample. The data show that non-Hmong mothers were more likely to breastfeed than Hmong mothers.

2. Other Outcomes

Primarily through the efforts of the coordinating committee, there has been improved communication between WIC and the two local hospitals' staff on issues related to breastfeeding. A health department nurse and the WIC interpreter conducted inservice training for nurses at one of the hospitals that focused on the Hmong and breastfeeding. Through the efforts of hospital representatives who were members of the coordinating committee, by the end of the demonstration, the two hospitals were considering discontinuing formula discharge packs for breastfeeding women. Communication between professional and nonprofessional staff in the area of breastfeeding also improved as a result of the intervention. There also appeared to be a greater acceptance of breastfeeding among the Hmong population.

The site plans to continue several activities begun during the demonstration. These include:

- group classes for Hmong participants, to be held once or twice a year

EXHIBIT IV-13

Percentage of Infants Breastfed

La Crosse, Wiconsin

	Baseline Sample		Intervention Sample	
	N	%	N	%
Breastfed at Least Once	20	35	58	44
Never Breastfed	37	65	75	56
Total	57	100	133	100
At Hospital Discharge				
Breastfed Exclusively	15	26	41	31
Mixed Breastfed & Formula-fed	5	9	11	8
Formula-fed Exclusively	37	65	79	60
Total	57	100	131	100*
At 6 Weeks				
Breastfed Exclusively	6	11	11	9
Mixed Breastfed & Formula-fed	7	12	21	17
Formula-fed Exclusively	44	77	93	74
Total	57	100	125	100
At 3 Months				
Breastfed Exclusively	4	7	7	6
Mixed Breastfed & Formula-fed	4	7	13	11
Formula-fed Exclusively	49	86	102	84
Total	57	100	122	100*

*Percentages may not sum to 100 due to rounding.
N = number

EXHIBIT IV-14

Percentage of Infants Breastfed by Participant Group

La Crosse, Wiconsin

	Hmong		Non-Hmong	
	N	%	N	%
Breastfed at Least Once	8	23	50	51
Never Breastfed	27	77	48	49
Total	35	100	98	100
At Hospital Discharge				
Breastfed Exclusively	0	0	41	43
Mixed Breastfed & Formula-fed	7	20	4	4
Formula-fed Exclusively	28	80	51	53
Total	35	100	96	100
At 6 Weeks				
Breastfed Exclusively	0	0	13	14
Mixed Breastfed & Formula-fed	3	9	17	18
Formula-fed Exclusively	31	91	62	67
Total	34	100	92	100*
At 3 Months				
Breastfed Exclusively	0	0	7	8
Mixed Breastfed & Formula-fed	1	3	13	15
Formula-fed Exclusively	33	97	69	77
Total	34	100	89	100

*Percentages may not sum to 100 due to rounding.
N = number

- poster and story-cloth displays
- use of the slide-tape at certification for Hmong participants

The site also plans to continue to provide individual prenatal counseling and postpartum followup. For Hmong participants, the protocol will be modified. They will be told at certification, and reminded close to their delivery date, that they will be contacted soon after delivery to see how they are doing, whether they are breastfeeding or formula-feeding, and to make an appointment to certify the baby.

In addition, the following procedures have been adopted as a result of the demonstration experience:

- Formula samples are no longer displayed in the clinic or provided to breastfed infants unless they require it.
- All pregnant women will be scheduled for a followup feeding appointment, not just the ones planning to breastfeed.

3. Effectiveness of Specific Activities

Exhibit III-15 summarizes breastfeeding promotion and support activities and rates their effectiveness as judged by demonstration staff. Overall, the coordinating council made substantial progress with the two hospitals and the prenatal component worked well, once a few modifications were made early in the intervention period.

Individual infant feeding followup sessions were effective for both non-Hmong and Hmong participants. So were incentive gifts.

The recognition board for Hmong breastfeeding women was also important. Hmong families often looked at the board when they came in for appointments and it reminded them that breastfeeding was an option.

4. Lessons Learned

Lessons learned at the La Crosse site included the following:

EXHIBIT IV-15

Summary of Breastfeeding Promotion and Support Activities

La Crosse, Wisconsin

	Very Effective	Moderately Effective	Not Effective
Coordinating Component-Overall	X		
1. Improved communication with hospital staff	X		
2. Change in hospital policy		X	
Prenatal Component-Overall	X		
1. Special emphasis on breast-feeding promotion at certification	X		
2. Knowledge and attitude survey		X	
3. Slide-tape show		X	
4. Group classes (non-Hmong)			X
5. Group classes (Hmong)		X	
6. Individual followup sessions (non-Hmong)	X		
7. One-on-one peer counselor session	X		
8. Posters, bulletin board, story cloths		X	
9. Breastfeeding library (brochures for clients)		X	
In-hospital Activities-Overall		X	
1. Postcards/birth announcements		X	
2. Calls to hospital information departments		X	
3. Early telephone contact with participants		X	
4. Inperson contacts	X		

EXHIBIT IV-15 (Cont.)

	Very Effective	Moderately Effective	Not Effective
Other Postpartum Activities-Overall	___	X	___
1. Tickler files for tracking	___	X	___
2. Telephone followup and support	___	X	___
3. Group classes	___	___	X
4. Individual counseling	X	___	___
5. Breastfeeding educator followup	X	___	___
6. Peer counselor sessions with Hmong participants	___	X	___
7. Breastfeeding library	___	X	___
8. Incentive gifts/recognition board	X	___	___

- For good coordinating council participation, members should be personally recruited and those who missed a meeting should be called in order to maintain their interest and commitment.

- Council members should be reminded that their participation can benefit them and their agency.

- Followup infant feeding appointments should be scheduled at certification and reminder cards sent out 1 week prior to the date of the followup visit.

- All pregnant women should be scheduled for breastfeeding followup. With effective counseling, some participants can be convinced to try breastfeeding and they often become the most committed.

- Breastfeeding education conducted by trained peer counselors is effective in convincing women to try breastfeeding. By using peer counselors, the barrier of the "professional" telling the participant what to do is removed. The peer counselor is a mother just like the participant and she is perceived as less of a threat. She is also perceived as having more understanding of the participant's situation and she is often more skilled in breaking down the barriers to breastfeeding.

- Hospital-policy changes occur slowly and only with great persistence. Hospital staff must see any additional tasks as beneficial to their institution before changes will be made.

- Hospital contact with the participant appears to be associated with increased duration of breastfeeding.

- Several periods of time each week should be set aside to make followup phone calls to help participants experiencing breastfeeding problems.

- Followup is most effective if a personal relationship can be established prenatally between the breastfeeding or nutrition counselor and participant. The participant feels more comfortable than with the counselor and is more apt to seek her out if she experiences problems.

- Written protocols for breastfeeding promotion and support should be used to help orient new staff.

APPENDIX

BREASTFEEDING MATERIALS

This appendix is made up of three sections.

Section A-1 contains a series of tables that list the demonstration materials used at each of the seven sites. For further information, use the site address or telephone number which appears at the beginning of each table.

Section A-2 reproduces a bibliography of breastfeeding videotapes identified by Healthy Mothers/Healthy Babies Coalition Subcommittee on Breastfeeding Promotion.

Section A-3 describes a catalog of breastfeeding products from projects supported by the Bureau of Maternal and Child Health and Resources Development, U.S. Department of Health and Human Services.

SECTION A-1
DEMONSTRATION MATERIALS

APPENDIX A-1.1
Palm Beach County Public Health Unit
1826 Evernia Street
West Palm Beach, FL 33401
(407) 844-3561

	Print	Source
1.	Breastfeeding: A Practical Guide Parts 1 and 2	Motion Inc.
2.	Mother to Mother: A Counselor's Nutrition Guide to Breastfeeding	National Child Project
3.	A Guide to Breastfeeding: Principles, Practices, Problems	National Child Nutrition Project
4.	Breastfeeding: A Problem Solving Manual	Essential Medical Information Systems
5.	Counseling the Nursing Mother	Childbirth Education Association of Greater Philadelphia
6.	Breastfeeding: A Gift of Love	North Carolina Department of Human Resources, Nutrition and Dietary Services Branch
	Posters	
	o Posters	Local, National Child Nutrition Project
	Videos	
	o Breastfeeding	New Orleans Video Access Center

APPENDIX A-1.2
Public Health District V
P.O. Box 547
Twin Falls, ID 83301
(208) 734-5900

	Print	Source
1.	Lesson Plan: Breast or Bottle (English and Spanish versions)	Local
2.	Lesson Plan: Breastfeeding Basics (English and Spanish versions)	Local
3.	New Moms Use Warm Line (English and Spanish versions)	Local
4.	Procedures for Warm Line and Postcards	Local
5.	Peer Counselor Training	Local
6.	Flier: Be a Breastfeeding Counselor	Local
7.	Notebook Logo: Breastfeeding Counselor	Local
8.	Volunteer Information	Local
9.	The Health Education Kit for Preventing Problems and Early Failure	Health Education Associates
10.	Anticipatory Letter 1	Local (English and Spanish Versions)
11.	Anticipatory Letter 2	Local (English and Spanish Versions)
12.	Postpartum Questionnaire	Local
13.	Intervention Data Summary Sheet	Local
14.	Lesson Plan: Preventing/Managing Breastfeeding Problems	Local
15.	Lesson Plan: Nutrition During Lactation	Local
16.	Steps in Hand-Expressing Breastfeeding	Local

APPENDIX A-1.2
Twin Falls, ID (cont.)

17.	Breastfeeding Protocols	Local
18.	Four Handouts: Breastfeeding Basics	Idaho WIC Program

APPENDIX A-1.3
Valley Opportunity Council
36 Center Street
Chicopee, MA 01013
(413) 592-6121

	Print	Source
1.	Nursing Your Baby for the First Time	Childbirth Graphics
2.	Nursing is Easy	Health Education Associates
3.	Amamantor es Facil (Breastfeeding is Easy)	Local
4.	Nursing Is Easy When You Know How	Local
5.	Breastfeeding Your Baby	Massachusetts WIC Program
6.	Breastfeeding Getting Started	Massachusetts WIC Program
7.	Empezando A Dar El Pecho	Massachusetts WIC Program
8.	Thinking About Breastfeeding	Massachusetts WIC Program
9.	Estas Pesando Dar el Pecho	Massachusetts WIC Program
10.	Patient Fact Sheets (15 information flyers on topics related to breastfeeding)	Seattle-King County Department of Health
11.	Thinking About How to Feed Your Baby? Why Not Try Breastfeeding? (English and Spanish)	National Child Nutrition Project
12.	Nipple Care	Southern and Central Berkshire WIC Program

APPENDIX A-1.4
Columbia/Boone County Health Department
600 E. Broadway
Columbia, MO 65201
(314) 874-7384

	Print	Source
1.	Breastfeeding: Baby's Best Start	American Dietetic Association
2.	What to Expect in the Hospital	National Child Nutrition Project
3.	Patient Education Set ("Thinking About How to Feed Your Baby?")	National Child Nutrition Project
4.	Breastfeeding Education Manual Child Care Providers	National Child for Nutrition Project
5.	Breastfeeding and Working Education Set	National Child Nutrition Project
6.	Your Diet: Before and After the Baby Comes	Missouri Department of Health
7.	Nutrition for Pregnancy and Breastfeeding: Using Vitamin/ Mineral Pills and Salt	Missouri Department of Health
8.	Ten Steps to Successful Breastfeeding	UNICEF
9.	Well Start Hospital Policies	Well Start Lactation
10.	Your Diet: Before and After the Baby Comes	Missiouri Department of Health
11.	Nutrition for Pregnancy and Breastfeeding: Using Vitamin/ Mineral Pills and Salt	Missouri Department of Health

APPENDIX A-1.4
Columbia, MO (cont.)

	Posters	Source
1.	Breastfeeding: For All the Reasons	Indiana Right Breastfeeding Promotion Project
2.	They Breastfed Their Infants	Illinois Department of Public Health
	Videos	
1.	Breastfeeding is Best Feeding	Louisiana State University School of Medicine
2.	Breastfeeding the Low-Birth Weight Baby	UNICEF
3.	Breastfeeding PSAs	Indiana Breastfeeding Promotion Project
	Training Aids	
1.	Breast Model	Childbirth Graphics
2.	Breast Shell	La Leche League
3.	Hand Expression Breast Funnel	Medela
4.	Manual Breast Pump	Medela
5.	Cylinder Breast Pump	Ross Laboratories

APPENDIX A-1.5
Cherokee Nation WIC Program
P.O. Box 948
Tahlequah, OK 74465
(918) 456-0671

	Print	Source
1.	Should You Breastfeed Your Baby?	International Childbirth Education Association (ICEA) Minneapolis, MN
2.	Checklist for Breastfeeding: Concerns and Solutions	ICEA,Minneapolis, MN
3.	Why Do Mothers Breastfeed Prenatal Breast Care	Health Education Associates
4.	Cherokee Nation WIC Program-- Breastfeeding Fact Sheet	Local
5.	Breastfeeding Triage Tool	Seattle-King County, Department of Public Health
6.	Pocket Guide for Successful Breastfeeding	Childbirth Graphics II-77
7.	The Nursing Mother's Companion Book	The Harvard Common Press
8.	Nutrition Breastfeeding Mothers	Health Education Associates
9.	Breastfeeding Mothers	Health Education Associates
10.	Time Out for Breastfeeding Mothers	Health Education Associates
	Posters	
	For the Good of Our Children	Local

APPENDIX A-1.6
Family Health Council of Western PA, Inc.
625 Stanwix Street
Pittsburgh, PA 15222
(412) 224-1530

	Print	Source
1.	Breastfeeding Booklet	Ross Laboratories
2.	Prenatal Packet	Lamaze
3.	Breastfeeding Family	Mead-Johnson
4.	So You've Decided to Breastfeed	Gerber
5.	Breastfeeding Your Baby	Wyeth
6.	Breastfeeding: Baby's Best Start	Local
7.	Pregnant? Think About Breastfeeding Now	Local
8.	Facts on Breastfeeding for Dad	Local
9.	Weaning	Ross Laboratories

	Videos	
	Breastfeeding	Local

APPENDIX A-1.7
La Crosse County Health Department
300 N. 4th Street
La Crosse, WI 54601
(608) 785-9865

	Print	Source
1.	Have You Thought About Breast-feeding?	Health Education Associates
2.	Drugs in Breastmilk	Health Education Associates
3.	Breastfeeding Those First Weeks at Home	Health Education Associates
4.	Nursing Is Easy	Health Education Associates
5.	Fathers Ask Questions About Breastfeeding	Health Education Associates
6.	Breastfeeding Advice for Allergic Families	Health Education Associates
7.	Nursing Your Baby for the First Time	Childbirth Graphics
8.	Breastfeeding: An Illustrated Introduction	Childbirth Graphics
9.	Pocket Guide to Successful Breastfeeding	Childbirth Graphics
10.	Breastfeeding: The Best Beginning	La Leche League
11.	Teens Can Breastfeed	Health Education Associates
12.	Breastfeeding Your Twins	Health Education Associates
13.	Breastfeeding Your Baby: Series o Breastfeeding at Work/School o Getting Started	Wisconsin Division of Health
14.	Have You Thought About Breast-feeding Your Baby?	Wisconsin Division of Health
15.	Breastfeeding Documentation Sheet	Local

APPENDIX A-1.7
La Crosse, WI (cont.)

	Print	Source
16.	Nursing Beyond the First Days	Childbirth Graphics
17.	A Mother's Handbook: Combining Breastfeeding at Work or School	Wisconsin Nutrition Project
18.	Weaning Your Breastfed Baby	Health Education Associates
19.	Crying and Colic in Babies	Health Education Associates
20.	Time Out for Breastfeeding Mothers	Health Education Associates
21.	Breastfeeding Your Baby (Tear-off sheets) o Old Faithful - Dealing with Leaking Breasts o Engorgement o Sore Nipples o How to Tell If Your Baby Is Getting Enough Milk o A Daily Food Guide for You	Wisconsin Division of Health
22.	Home From the Hospital: The First Two Weeks	Local
23.	Recipe for Making Milk	Local
24.	Postpartum Phone Contact Sheet	Local
	Posters	
	Anatomy and Physiology of the Breast	Childbirth Graphics
	Training Aids	
	Breast Model	Childbirth Graphics

SECTION A-2
A SELECTED BIBLIOGRAPHY OF VIDEOTAPES ON BREASTFEEDING

The following is a select listing of videotapes identified by the Healthy Mothers, Healthy Babies Coalition Subcommittee on Breastfeeding Promotion, for use in patient education either in the prenatal or early postpartum period. We would encourage the previewing of any of these videotapes before purchasing to ensure that it meets the needs of the intended audience.

Title: **Breastfeeding: The Natural Choice**

Producer: Seattle-King County
Department of Public Health
110 Prefontaine Avenue South, Suite 500
Seattle, WA 98104

Date: 1988

Length: 11 minutes Language: English

Synopsis: Designed to promote breastfeeding in prenatal classes or immediately postpartum. The benefits of breastfeeding are highlighted, followed by a section relating correct positioning and attachment to avoiding sore nipples. In a small group discussion, moms share their experiences breastfeeding and offer tips for common concerns. Moms and babies represent diverse ethnic groups and ages with a special focus on teens.

Cost: Purchase - $20.00

Title: **Beginning Breastfeeding**

Producer: Polymorph Films
118 South Street
Boston, MA 02111
(617) 542-2004

Date: 1986

Length: 23 minutes Language: English

Synopsis: Initial nursing experiences--differences among babies at birth, differences among mothers, and what can be done if nursing does not seem to be going well. Women are shown in the hospital with babies only a few hours old, attempting to nurse for the first time.

Cost: Purchase - $295.00 Rental - $40.00

Title: **Indiana Breastfeeding Promotion Video**

Producer: Indiana State Board of Health
1330 West Michigan Street
P.O. Box 1964
Indianapolis, IN 46206
(317) 633-0656

Date: 1988

Length: 12 minutes Language: English

Synopsis: The videotape is set up like a T.V. magazine show with a narrator and various people being interviewed. It promotes to prenatals the positive aspects of breastfeeding: nutritional value, getting back into shape, cost savings, and convenience.

Cost: Purchase - $6.00

Title: **Breastfeeding: A Special Closeness**

Producer: Motion, Inc.

Distributor: American Journal of Nursing Company/Educational Services Division
555 West 57th Street
Department FBPG3
New York, NY 10019
(800) 223-2282

Date: 1978

Length: 23 minutes Language: English

Synopsis: The benefits of breastfeeding, common problems and complications, and nutrition for the nursing mother are covered. The decision to breastfeed and common fears/anxieties new parents may have are also discussed.

Cost: Purchase - $250.00 Rental - $60.00

Title: **Breastfeeding: A Practical Guide (Parts I & II)**

Producer: Motion, Inc.

Distributor: American Journal of Nursing Company/Educational Services Division
555 West 57th Street
Department FBPG3
New York, NY 10019
(800) 223-2282

Date: 1978

Length: Two 15-minute segments Language: English

Synopsis: Part I (Preparing for Breastfeeding) discusses how breastmilk is produced, how to prepare for nursing, and certain techniques for positioning. Nutrition and health for the pregnant mother are included as well as breastfeeding and the hospital experience.

Part II (Managing Breastfeeding) discusses how to deal with common problems, feeding schedules, expression and storage of breastmilk, and nutrition for the nursing mother.

Cost: Purchase - $450.00 Rental - $60.00

Title: **Breastfeeding Your Baby: A Mother's Guide**

Producer: Medela, Inc.
P.O. Box 386
Crystal Lake, IL 60014
(800) 435-8316

Date: 1988

Length: 64 minutes Language: English

Synopsis: Produced in cooperation with La Leche League International. Families tell advantages of breastfeeding and experts give guidance on techniques. Information presented in small segments that can be viewed independently. Celebrities tell of their own breastfeeding experiences.

Cost: Purchase - $29.95

Title: **Breastfeeding: The Art of Mothering**

Producer: Alive Productions, Ltd.
P.O. Box 72
Port Washington, NY 11050
(800) 323-0753

Date: 1987

Length: 40 minutes Language: English

Synopsis: Endorsed by the American Academy of Pediatrics. Shows women from middle to upper socio-economic status dealing with common concerns about breastfeeding. Topics covered include: beginning breastfeeding, breastfeeding positions, handling the breast, nipple care, breastfeeding and social life, milk production, etc. Detailed instructions for successful breastfeeding are given.

Cost: Purchase - $39.95 plus shipping and handling

SECTION A-3
BREASTFEEDING PRODUCTS

Breastfeeding materials are described in the following publication:

> Breastfeeding: Catalog of Products From Projects Supported by the Bureau of Maternal and Child Health and Resources Development, 1989

Materials have been grouped into a series of categories. These are:

- Brochures, Pamphlets, Booklets, and Handouts
- Posters
- Public Service Announcements
- Videotapes
- Curricula/Training Aids
- Data Bases
- Data Collection Instruments
- Journal Articles
- Reference Materials
- Supplies

Single copies of this publication are available at no cost from:

> National Maternal and Child Health Clearinghouse (NMCHC)
> 38th and R Streets, NW
> Washington, DC 20057
> (202) 625-8410

Mention of companies (or commercial products) does not imply recommendation or endorsement by the U.S. Department of Agriculture over others not mentioned.